

SERFF Tracking Number: MADS-127114622 State: Arkansas
 Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 48424
 Company Tracking Number: ICI-MNL
 TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.001 Critical Illness
 Limited Benefit
 Product Name: ICI
 Project Name/Number: ICI/ICI-P-0211-AR

Filing at a Glance

Company: Madison National Life Insurance Company, Inc.

Product Name: ICI SERFF Tr Num: MADS-127114622 State: Arkansas
 TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num: 48424
 - Limited Benefit Closed
 Sub-TOI: H07I.001 Critical Illness Co Tr Num: ICI-MNL State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor
 Disposition Date: 04/19/2011
 Authors: Sue Long, Cheryl Richards, Andrea Greiber
 Date Submitted: 04/06/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: ICI Status of Filing in Domicile: Authorized
 Project Number: ICI-P-0211-AR Date Approved in Domicile: 03/04/2011
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 04/19/2011
 State Status Changed: 04/19/2011
 Deemer Date: Created By: Sue Long
 Submitted By: Sue Long Corresponding Filing Tracking Number:
 Filing Description:
 INDIVIDUAL CRITICAL ILLNESS INSURANCE (SPECIFIED DISEASE)
 Issue Age, Sex Distinct, Smoker Distinct, and Non-Participating

We are filing these forms for your review and approval. These forms are new and will not replace any existing forms on file with your Department. These forms are the Application, Outline-of-Coverage, Policy and Child Benefit Rider.

This Policy provides a benefit payable to an Insured Person upon the diagnosis or procedure of a list of specified illnesses or procedures until the maximum benefit has been paid or the Policy otherwise terminates. Eligibility for this

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Limited Benefit
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Project Name/Number: ICI/ICI-P-0211-AR

Policy depends on the answers to the "Health Questions" section on the Application.

Marketing Method

The program will be marketed to individuals by independent agents of the insurer as well as agents of the insurer. The rating structure remains the same, but levels of compensation will differ between both sets of agents.

Issue Age Range

Ages 18-64 (coverage is not issued above age 64).

Coverage Duration

Coverage will end at age 75 for adults and at age 25 for dependent children if not otherwise terminated.

Maximum Benefit

Can be selected is up to \$100,000 for adults and \$10,000 for dependent children - Per Benefit Category.

Variability

A variability statement (containing explanations for each variable) for each form with variables is attached under the "Supporting Documentation" tab.

John Doe Information

The standard Application and Policy Schedule Page are completed in John Doe fashion (Insured male, Spouse female both age 35) and attached under the "Supporting Documentation" tab.

APPLICATION FORM

The application can be used either in the traditional paper format, electronically using a digital signature, or completed over the telephone using voice signature, in accordance with the electronic transactions and signatures laws. The electronic application will look like the hard-copy application when it is printed out and attached to the Policy as part of the entire contract provision.

DISCLOSURES

We understand and comply with State Disclosure Requirements which vary by State. These disclosures include, but are not limited to, the Notice To Proposed Insured, Replacement Notice and Outline-of-Coverage.

This filing is for Madison National Life Insurance Company, Inc. (It will also be filed under separate cover for Standard Security Life Insurance Company of New York, Independence American Insurance Company, all members of the IHC Group. The IHC Group is an organization of affiliated insurance carriers, marketing and administrative companies and agencies dedicated to delivering insurance solutions to groups and individuals).

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Company and Contact

Filing Contact Information

Sue Long, Compliance Specialist smm@madisonlife.com
 PO Box 5008 800-356-9601 [Phone] 2061 [Ext]
 Madison, WI 53705 608-830-2700 [FAX]

Filing Company Information

Madison National Life Insurance Company, Inc. CoCode: 65781 State of Domicile: Wisconsin
 1241 John Q. Hammons Drive Group Code: 450 Company Type: Life and Health
 Madison, WI 53717 Group Name: State ID Number:
 (608) 830-2000 ext. [Phone] FEIN Number: 39-0990296

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: \$50.00 @ 4 forms = \$200.00
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|----------|----------------|---------------|
| Madison National Life Insurance Company, Inc. | \$200.00 | 04/06/2011 | 46321955 |

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Limited Benefit
Product Name: ICI
Project Name/Number: ICI/ICI-P-0211-AR

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 04/19/2011 | 04/19/2011 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|----------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Rosalind Minor | 04/12/2011 | 04/12/2011 | Andrea Greiber | 04/18/2011 | 04/18/2011 |

| | | | |
|--------------------------|--|------------------------|---------------------------|
| SERFF Tracking Number: | MADS-127114622 | State: | Arkansas |
| Filing Company: | Madison National Life Insurance Company, Inc. | State Tracking Number: | 48424 |
| Company Tracking Number: | ICI-MNL | | |
| TOI: | H071 Individual Health - Specified Disease - Limited Benefit | Sub-TOI: | H071.001 Critical Illness |
| Product Name: | ICI | | |
| Project Name/Number: | ICI/ICI-P-0211-AR | | |

Disposition

Disposition Date: 04/19/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MADS-127114622 State: Arkansas

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Company Tracking Number: ICI-MNL

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: ICI

Project Name/Number: ICI/ICI-P-0211-AR

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|--------------------------------------|--|----------------------|---------------|
| Supporting Document (revised) | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Flesch Certification | Replaced | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document (revised) | Health - Actuarial Justification | Approved-Closed | No |
| Supporting Document | Health - Actuarial Justification | Replaced | No |
| Supporting Document | Outline of Coverage | Approved-Closed | Yes |
| Supporting Document | John Doe Forms | Approved-Closed | Yes |
| Supporting Document | Variability and Standard Checklist | Approved-Closed | Yes |
| Form | Critical Illness Insurance Application | Approved-Closed | Yes |
| Form (revised) | Critical Illness Insurance Outline of Coverage | Approved-Closed | Yes |
| Form | Critical Illness Insurance Outline of Coverage | Replaced | Yes |
| Form (revised) | Critical Illness Insurance Policy | Approved-Closed | Yes |
| Form | Critical Illness Insurance Policy | Replaced | Yes |
| Form (revised) | Critical Illness Insurance Child Benefit Rider | Approved-Closed | Yes |
| Form | Critical Illness Insurance Child Benefit Rider | Replaced | Yes |
| Rate | CI Rate Sheet | Approved-Closed | Yes |

SERFF Tracking Number: MADS-127114622 State: Arkansas
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TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
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Project Name/Number: ICI/ICI-P-0211-AR

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/12/2011
Submitted Date 04/12/2011
Respond By Date
Dear Sue Long,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)
- Critical Illness Insurance Outline of Coverage, ICI-OOC-0211-AR (Form)
- Critical Illness Insurance Policy, ICI-P-0211-AR (Form)

Comment:

As outlined under Rule and Regulation 18, APPENDIX 1. A. (5), No policy issued pursuant to this Section shall contain a waiting or probabtionary period greater than thirty (30) days.

Objection 2

- Critical Illness Insurance Policy, ICI-P-0211-AR (Form)

Comment:

There needs to be a refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

Objection 3

- Critical Illness Insurance Child Benefit Rider, ICI-R-CH-0211-AR (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Limited Benefit
Product Name: ICI
Project Name/Number: ICI/ICI-P-0211-AR

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/18/2011
Submitted Date 04/18/2011

Dear Rosalind Minor,

Comments:

In response to your objections,

Response 1

Comments: Policy - We have changed the cancer benefit time period of days from 90 to 30.

OOB - We have changed the cancer benefit time period of days from 90 to 30.

Act Memo – We have revised the Act Memo to match the revised time period.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)
- Critical Illness Insurance Outline of Coverage, ICI-OOB-0211-AR (Form)
- Critical Illness Insurance Policy, ICI-P-0211-AR (Form)

Comment:

As outlined under Rule and Regulation 18, APPENDIX 1. A. (5), No policy issued pursuant to this Section shall contain a waiting or probationary period greater than thirty (30) days.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Flesch Certification

Comment: Also different from our original filing is the 23-79-138 Certification. It has been revised to reflect that we are compliant with the requirement and our AR Complaint Notice is generated at the time of Policy issuance and attached to the Policy.

Satisfied -Name: Health - Actuarial Justification

Comment:

Form Schedule Item Changes

SERFF Tracking Number: MADS-127114622 State: Arkansas
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 Limited Benefit
 Product Name: ICI
 Project Name/Number: ICI/ICI-P-0211-AR

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific Data | Readability Score | Attach Document |
|---|------------------|--------------|---|---------|----------------------|-------------------|----------------------|
| Critical Illness Insurance Outline of Coverage Previous Version | ICI-OOC-0211-AR | | Outline of Coverage | Initial | | 49.900 | ICI-OOC-0211-AR.pdf |
| Critical Illness Insurance Outline of Coverage | ICI-OOC-0211-AR | | Outline of Coverage | Initial | | 49.900 | ICI-OOC-0211-AR.pdf |
| Critical Illness Insurance Policy | ICI-P-0211-AR | | Policy/Contract/Fraternal Certificate | Initial | | 49.900 | ICI-P-0211-AR.pdf |
| Previous Version | | | | | | | |
| Critical Illness Insurance Policy | ICI-P-0211-AR | | Policy/Contract/Fraternal Certificate | Initial | | 49.900 | ICI-P-0211-AR.pdf |
| Critical Illness Insurance Child Benefit Rider | ICI-R-CH-0211-AR | | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Initial | | 49.900 | ICI-R-CH-0211-AR.pdf |
| Previous Version | | | | | | | |
| Critical Illness Insurance Child Benefit Rider | ICI-R-CH-0211-AR | | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Initial | | 49.900 | ICI-R-CH-0211-AR.pdf |

No Rate/Rule Schedule items changed.

Response 2

Comments: Under section "Premium Provisions", subsection "Premium", we added the 30 day return language after the return of premium language.

We have also made this change in the Outline of Coverage

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 Limited Benefit
 Product Name: ICI
 Project Name/Number: ICI/ICI-P-0211-AR

Related Objection 1

Applies To:
 - Critical Illness Insurance Policy, ICI-P-0211-AR (Form)
 Comment:

There needs to be a refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific Data | Readability Score | Attach Document |
|-----------------------------------|---------------|--------------|---------------------------------------|---------|----------------------|-------------------|-------------------|
| Critical Illness Insurance Policy | ICI-P-0211-AR | | Policy/Contract/Fraternal Certificate | Initial | | 49.900 | ICI-P-0211-AR.pdf |
| Previous Version | | | | | | | |
| Critical Illness Insurance Policy | ICI-P-0211-AR | | Policy/Contract/Fraternal Certificate | Initial | | 49.900 | ICI-P-0211-AR.pdf |

No Rate/Rule Schedule items changed.

Response 3

Comments: We removed the 60 days proof requirement.

Related Objection 1

Applies To:
 - Critical Illness Insurance Child Benefit Rider, ICI-R-CH-0211-AR (Form)
 Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to

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Product Name: ICI
Project Name/Number: ICI/ICI-P-0211-AR

ACA 23-85-131(b) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific Data | Readability Score | Attach Document |
|--|------------------|--------------|---|---------|----------------------|-------------------|----------------------|
| Critical Illness Insurance Child Benefit Rider | ICI-R-CH-0211-AR | | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Initial | | 49.900 | ICI-R-CH-0211-AR.pdf |

Previous Version

| | | | | | | | |
|--|------------------|--|---|---------|--|--------|----------------------|
| Critical Illness Insurance Child Benefit Rider | ICI-R-CH-0211-AR | | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Initial | | 49.900 | ICI-R-CH-0211-AR.pdf |
|--|------------------|--|---|---------|--|--------|----------------------|

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,
Andrea Greiber, Cheryl Richards, Sue Long

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Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 48424

Company Tracking Number: ICI-MNL

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness Limited Benefit

Product Name: ICI

Project Name/Number: ICI/ICI-P-0211-AR

Form Schedule

Lead Form Number: ICI-P-0211-AR

| Schedule Item | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|-------------------------------|------------------|---|---------|----------------------|-------------|----------------------|
| Status | | | | | | |
| Approved-Closed 04/19/2011 | ICI-A-0211 | Application/Critical Illness Enrollment Insurance Application Form | Initial | | 49.900 | ICI-A-0211 M.pdf |
| Approved-Closed 04/19/2011 | ICI-OOC-0211-AR | Outline of Coverage Critical Illness Insurance Outline of Coverage | Initial | | 49.900 | ICI-OOC-0211-AR.pdf |
| Approved-Closed 04/19/2011 | ICI-P-0211-AR | Policy/Contract/Fratern Insurance Policy Certificate | Initial | | 49.900 | ICI-P-0211-AR.pdf |
| Approved-Closed 04/19/2011 | ICI-R-CH-0211-AR | Policy/Contract/Fratern Insurance Child Benefit Rider Certificate: Amendment, Insert Page, Endorsement or Rider | Initial | | 49.900 | ICI-R-CH-0211-AR.pdf |

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
[Mailing: PO Box 2867, Clinton, IA 52733 (Admin. Office)]
 Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717
 Phone: [1-800-356-9601]



APPLICATION FOR INDIVIDUAL CRITICAL ILLNESS INSURANCE

| I. APPLICANT(S) | | | | |
|--|---|--|--|--------------------|
| Applicant's Name (First, Middle, Last) | | | SSN | |
| Date of Birth (mo/day/year) | State of Birth | Phone No.(s) | | |
| Is the Applicant a permanent, legal resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If the Applicant has a permanent resident Green Card, please list the number: | | | | |
| Height ft. in. | Weight lbs. | Gender <input type="checkbox"/> M <input type="checkbox"/> F | | |
| In the last 12 months, has the Applicant used tobacco of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Applicant's Street Address (including City, State, ZIP) | | | | |
| Mailing Address (including City, State, ZIP), if different than above | | | Mail Policy Documents to: <input type="checkbox"/> Agent <input type="checkbox"/> Applicant | |
| Spouse's Name (First, Middle, Last), if applying for insurance | | | Spouse's SSN | |
| Date of Birth (mo/day/year) | State of Birth | Phone No.(s) | | |
| Is the Applicant a permanent, legal resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If the Applicant has a permanent resident Green Card, please list the number: | | | | |
| Height ft. in. | Weight lbs. | Gender <input type="checkbox"/> M <input type="checkbox"/> F | | |
| In the last 12 months, has the Spouse used tobacco of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Child Coverage, if applying for insurance (please fill out completely) (attached separate sheet if more space is needed) | | | | |
| Name (First, Middle, Last) | Date of Birth (mo/day/year) | Gender | Height (feet/inches) | Weight (pounds) |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| Any applicant applying for any specified disease (critical illness) insurance may not be covered by the Federal Medicaid program (Title XIX). Is any applicant listed above currently covered by the Federal Medicaid program (Title XIX)? If "Yes", please list name(s): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Requested Effective Date: (choose 1 st or 15 th and state the month) <input type="checkbox"/> 1 st or <input type="checkbox"/> 15 th of: | | | | |

II. HEALTH QUESTIONS - The terms “diagnosed”, “advised” and “treatment” mean any medical diagnosis, medical treatment or medical advice received by a licensed member of the medical profession.

This section applies to any applicant applying for coverage.

For any “Yes” answer, please list the applicant’s name and question number(s) on page 3.

In the last 10 years, has any applicant had symptoms of, received abnormal diagnostic test results related to, been diagnosed with, received or been advised to receive, treatment for any of the following:

| | |
|---|--|
| 1. Heart attack, Aortic or heart valve surgery, Angioplasty or Coronary Artery Bypass? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Stroke or Transient Ischemic Attack (TIA)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Cancer or Leukemia (excluding basal or squamous cell carcinoma of the skin)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. End-Stage Renal Disease (ESRD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Major organ failure or bone marrow transplant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Alzheimer’s disease, dementia or amyotrophic lateral sclerosis (ALS) muscular dystrophy, chorea or other disease affecting the central nervous system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Multiple Sclerosis (MS)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Cirrhosis of the liver? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Hepatitis B, Hepatitis C or is a carrier of Hepatitis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Alcoholism, drug or substance abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Diabetes (other than during pregnancy)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

In the last 5 years, has any applicant had symptoms of, received abnormal diagnostic test results related to, been diagnosed with, received or been advised to receive, treatment for any of the following:

| | |
|---|--|
| 13. Heart disease, including Angina (excluding mitral valve prolapse not requiring medication or treatment, and innocent (functional) heart murmurs)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Kidney disease (excluding non-recurrent kidney stones or and non-chronic infections) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Liver disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Lung disease (excluding non-chronic bronchitis, asthma, and a single episode of pneumonia that has not required hospitalization)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Disease of the nervous system (excluding non-chronic shingles)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Colitis, disease or disorder of the pancreas, or Crohn’s disease (excluding mucus colitis and irritable bowel syndrome)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Recurrent tumors or unexplained tumors or growth, precancerous lesions/tumors, polyps, dysplastic nevi (atypical moles), or abnormal moles or lesions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Basal or squamous cell carcinoma of the skin? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Fibrocystic breast disease or an <i>abnormal</i> PSA test, Pap smear or mammogram? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Hypertension which has averaged over 150/90 or (within the last one year) has required more than one medication to control? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Hyperlipidemia with cholesterol levels averaging over 300 mg and/or triglyceride levels averaging over 350 mg or (within the last one year) has required more than one medication to control? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. Recurrent Human Papillomavirus (HPV) or a sexually transmitted disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

In the last 5 years, has any applicant:

| | |
|--|--|
| 25. Lost the ability to perform any of the following activities independently: dressing, bathing, feeding, toileting or continence, or transfer in or out of a chair or bed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Has any applicant had two or more natural parents or brothers or sisters (living or deceased) who were diagnosed with the same medical condition, as follows:

| | |
|---|--|
| 26. Diagnosed before age 60 of cancer, heart disease, diabetes, stroke or kidney disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Diagnosed before age 75 of colorectal cancer, Alzheimer’s disease or dementia? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

II. HEALTH QUESTIONS *continued...*

For any “Yes” answer on page 2, please list applicant’s name and question number(s) here:

| Applicant Name(s) | Question Number(s) |
|-------------------|--------------------|
| | |
| | |
| | |
| | |

If an answer was marked “Yes” to any questions on page 2, for an applicant listed above, that applicant is not eligible for Critical Illness Insurance.

III. BENEFIT AMOUNT

Please complete the Benefit Amount you are applying for:

| Primary Applicant | Spouse Applicant | Dependent Child Applicant(s) |
|-------------------|------------------|---|
| \$ | \$ | <input type="checkbox"/> \$10,000 per covered Child |

IV. PREMIUM

| Premium – Total Amount | Payment Mode |
|------------------------|---|
| \$ | <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly |

Payment Type

☐ Bank Draft (O Checking or O Savings) ☐ Allotment [Credit or Debit Card] ☐ Other:

ALL PREMIUM CHECKS MUST BE MADE PAYABLE DIRECTLY TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK. NO MONEY ORDERS ACCEPTED.

V. EXISTING INSURANCE/REPLACEMENT - Questions & Signatures**Applicant and Spouse:**

- Do you understand this is an Application for a Critical Illness Insurance Policy and not a major medical insurance policy? ☐ Yes ☐ No
- Do you acknowledge receipt of the “Notice to Proposed Insured” and the Critical Illness Outline of Coverage? ☐ Yes ☐ No
- Do you have any existing accident or sickness insurance policies? ☐ Yes ☐ No
- If “Yes”, do you intend to replace any accident or sickness insurance policies? ☐ Yes ☐ No
If “Yes”, the Agent will present a disclosure about Replacement of coverage.

Agent: To the best of your knowledge,

- Do the Applicant(s) have any existing accident or sickness insurance? ☐ Yes ☐ No
- Is the critical illness insurance applied for intended to replace any existing accident or sickness insurance? *If “Yes”, you must present to the Applicant(s) the required Replacement disclosure.* ☐ Yes ☐ No

| Applicant Signature | Signature Date |
|---------------------|----------------|
| | |
| Spouse Signature | Signature Date |
| | |
| Agent Signature | Signature Date |
| | |

VI. APPLICANT UNDERSTANDING AND SIGNATURE

- My statements made on this Application are true, complete, and correct to the best of my knowledge and belief.
- I understand that any representative I appoint, prior to acting on my behalf, will need to submit power of attorney documents, or other legal documents, to the Company.
- I hereby authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy provider, Veterans Administration Facility, or other medical or medically related facility, state or local government agency, insurance or reinsurance company, Medical Information Bureau, Inc. (MIB), consumer reporting agency, or employer, to give to the Company, its legal representative or its reinsurers the following information to use for underwriting insurance: diagnosis, treatment and prognosis with respect to any physical or mental condition, employment, other insurance coverage, and claims history.
- I understand that any information disclosed pursuant to this Authorization may be retained and re-disclosed and no longer covered by Federal rules governing privacy and confidentiality of health information.
- I understand the Company may use this information for the purpose of evaluating my Application; make eligibility, risk rating and policy issuance determinations; obtain reinsurance; and administer insurance benefits (no information collected concerning the sexual orientation of any Applicant will be used to determine eligibility for insurance).
- I have the right to be interviewed as part of the application process and I may contact the Company for further information.
- I, or my authorized representative, may request a copy of any consumer report and receive specific reasons for any adverse underwriting decision, including items or medical records, where applicable or allowed, to support such decision, as well as the name and address of the source. We also have the right to dispute, correct, amend or delete the portion of the recorded personal information in dispute.
- I agree that this Authorization, in connection with this form, shall be valid for 24 months from my signature date or for the duration of the claim if information is being collected in connection with a claim for a benefit. I understand that I, or my authorized representative, have the right to revoke this Authorization at any time. I understand that any revocation request of this Authorization will need to be in writing by sending a written request to the Company.
- I agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my authorized representative upon request.
- I understand I must be a permanent, legal resident of the United States in order to have this Critical Illness Insurance.
- **I understand the Critical Illness Insurance Policy provides limited benefits and I should review the Policy carefully upon receipt.**

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines, confinement in prison and/or denial of insurance benefits.

| | | |
|---------------------|----------------|----------------------------|
| Applicant Signature | Signature Date | Dated at this City & State |
| Spouse Signature | Signature Date | Dated at this City & State |

VII. AGENT CERTIFICATION AND SIGNATURE**To the best of your knowledge and belief:**

- Was the Applicant's signature witnessed by you? ☐ Yes ☐ No
- Did you truly and accurately record on this Application the information provided by the Applicant? ☐ Yes ☐ No
- **Did you deliver the required "Notice to Proposed Insured" and the Outline of Coverage?** ☐ Yes ☐ No

| | | |
|--------------------------------------|------------------------|----------------------|
| Name of Agent (typed/printed) | Agent Signature | Agent % Split |
|--------------------------------------|------------------------|----------------------|

| | | | |
|---------------------------------------|-------------|----------------------|------------------|
| Dated at this City & State | Date | MNL Agent No. | Phone No. |
|---------------------------------------|-------------|----------------------|------------------|

| | | |
|--------------------------------------|------------------------|----------------------|
| Name of Agent (typed/printed) | Agent Signature | Agent % Split |
|--------------------------------------|------------------------|----------------------|

| | | | |
|---------------------------------------|-------------|----------------------|------------------|
| Dated at this City & State | Date | MNL Agent No. | Phone No. |
|---------------------------------------|-------------|----------------------|------------------|

| | |
|------------------------------|-------------------------|
| Agent Comments/Notes: | Company Use Only |
|------------------------------|-------------------------|

Home Office Comments:

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717 • Phone: 1-800-356-9601

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE For Critical Illness Insurance Policy Form No. ICI-P-0211-AR

This Outline of Coverage provides a brief description of the important features of Our Critical Illness Insurance Policy (Policy). **This is not the contract of insurance and was only designed to outline the benefits and limitations of the actual Policy** that would be issued upon Your Application and Our approval. The Policy itself details the rights and obligations of both You and Us. Therefore, it is important that you **READ THE POLICY CAREFULLY** upon its issuance, if issued. The Policy provides a 30 day time period in which You can review and return the Policy for a refund of any premiums paid.

Critical Illness insurance is also called “**specific disease**” insurance. This type of insurance is designed to provide limited benefits. **CRITICAL ILLNESS INSURANCE IS NOT MAJOR MEDICAL INSURANCE, MEDICARE SUPPLEMENT INSURANCE OR LIFE INSURANCE.**

BENEFITS:

Critical Illness benefits are payable for first ever occurrences, Diagnoses or procedures that occur after the Insured Person’s Effective Date of insurance. The occurrence, Diagnosis or procedure is the first time ever, in the Insured Person’s lifetime, that he or she has experienced a covered Critical Illness, been Diagnosed with a specific, covered Critical Illness or undergone a specific procedure for a covered Critical Illness.

Reduced Cancer Benefit - If Invasive Cancer or Cancer In Situ is Diagnosed within the first 30 days beginning on the Policy’s Effective Date, the Benefit Payment will be reduced as shown in the below percentages.

| CRITICAL ILLNESS DIAGNOSIS | BENEFIT PAYMENT PERCENTAGE |
|--|----------------------------|
| CATEGORY I | |
| Invasive Cancer (Diagnosed more than 30 days after the Effective Date) | 100% |
| Invasive Cancer (Diagnosed during the first 30 days of In-Force insurance) | 10% |
| Cancer In Situ (Diagnosed more than 30 days after the Effective Date) | 25% |
| Cancer In Situ (Diagnosed during the first 30 days of In-Force insurance) | 2.5% |
| CATEGORY II | |
| Heart Attack (Myocardial Infarction) | 100% |
| Stroke | 100% |
| Major Organ Failure of the heart or combination failure including heart | 100% |
| Coronary Artery Bypass | 25% |
| Angioplasty | 10% |
| CATEGORY III | |
| Major Organ Failure not covered in CATEGORY II | 100% |
| End Stage Renal Disease | 100% |
| Severe Burn (<i>for Insured and Spouse only</i>) | 100% |
| Coma | 100% |
| Paralysis | 100% |

Benefit Payment - Benefits will be paid in one lump sum.

Multiple Payment Benefit - This feature allows for Multiple Payments from the three Categories of Critical Illnesses. The Benefit Payment under each Category shall not exceed 100% of the Benefit Amount Per Category. You can receive a Benefit Payment on a second or third Critical Illness if that Critical Illness meets the terms and conditions of the Policy. After a Benefit Payment in one Category, the Insured can choose to continue paying Premiums, for an Insured Person, and possibly receive additional Benefit Payments if another Critical Illness occurs. The Maximum Benefit Amount is three times the Benefit Amount Per Category. Once 100% of the Maximum Benefit Amount has been paid for an Insured Person, insurance for the Insured Person terminates and no further benefits are payable.

ELIGIBILITY FOR CRITICAL ILLNESS INSURANCE:

- Each Applicant and Spouse (if a Spouse is applying) must complete an Application For Individual Critical Illness Insurance (subject to underwriting and approval by Us).
- Each Applicant and Spouse must be between the ages of 18 and 64 and be a permanent, legal resident of the United States.

PREMIUM, RENEWABILITY, WHEN COVERAGE ENDS:

- **Guaranteed Renewable** - This Policy is renewable as long as the Premium is paid on or before the due date or within the Grace Period.
- **Premium changes** - We may change the Premium payable for this Policy. We will provide advance notice when there is a change in Premium.
- **When Insurance Ends** - Insurance under this Policy will terminate at the earlier of: (i) the time Premium is not paid, as described in section "Premium Provisions"; (ii) for any Insured Person, upon written request by the Insured; (iii) for any Insured Person, the date he or she reaches the Maximum Benefit Amount; (iv) for any Insured Person, the date he or she is deceased; (v) for any Insured Person, the date he or she is no longer a permanent, legal resident of the United States; (vi) for the Insured, the date he or she attains age 75; and (vii) for the Spouse, the date he or she attains age 75.

GENERAL EXCLUSIONS:

This Policy does not cover any Critical Illness caused in whole or in part by, or resulting in whole or in part, from the Insured Person's:

- commission of or attempt to commit a felony.
- intentional self-inflicted injury or sickness.
- alcoholism or drug addiction.
- being intoxicated or under the influence of an illegal substance or a narcotic (unless prescribed by a Physician to the Insured Person). Intoxication is determined by the laws of the state where the incident occurred.
- attempting or committing suicide.
- illness or injury that is not specifically set forth in and covered under this Policy.

CHILD BENEFIT RIDER:

The Child Benefit Rider adds the Insured's Children to the Insured's Critical Illness Insurance Policy. A dependent Child: (i) must be between birth and age 25, (ii) must be a permanent, legal resident of the United States, and (iii) the Insured must complete, for the Child, an Application For Individual Critical Illness Insurance (subject to underwriting and approval by Us). Critical Illness Insurance under the Policy will terminate at the earlier of: (i) the date the Policy terminates; (ii) the time Premium is not paid, as described in section "Premium Provisions"; (iii) upon written request by the Insured; (iv) the date the Child reaches the Maximum Benefit Amount; (v) the date the Child attains age 25 or gets married (as described in this Rider's section "Definitions"); (vi) the date the Child is deceased; or (vii) the date the Child is no longer a permanent, legal resident of the United States. **There is NO Severe Burn insurance benefit available for Children.**

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717 • Phone: 1-800-356-9601

CRITICAL ILLNESS INSURANCE POLICY

CRITICAL ILLNESS INSURANCE TO AGE 75

This Policy provides Critical Illness Insurance benefits and We promise to pay these benefits to You upon receipt of Proof of Claim, while this Policy is In-Force. We issued this Policy in consideration of the Application and the payment of Premiums. A copy of the Application is attached to this Policy and is made part of the Entire Contract.

GUARANTEED RENEWABLE: This Policy is renewable as long as the Premium is paid on or before the due date or within the Grace Period (see section "Premium Provisions" for details).

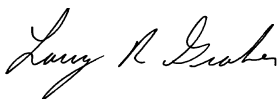
PREMIUM CHANGES: We may change the Premium payable for this Policy. We will provide advance notice when there is a change in Premium (see section "Premium Provisions" for details).

**THIS IS A LEGAL CONTRACT BETWEEN THE INSURED AND
MADISON NATIONAL LIFE INSURANCE COMPANY, INC.**

PLEASE READ YOUR POLICY CAREFULLY.

RIGHT TO EXAMINE. We want You to be satisfied with this Policy. If You decide not to keep this Policy, return it within 30 days after receipt. It may be returned by delivering or mailing it to Our Home Office, or to the agent who sold You this Policy. Once returned, this Policy will be void from its beginning. We will promptly refund any Premium paid.

Signed by Madison National Life Insurance Company, Inc.



Larry R. Graber
President



Adam C. Vandervoort
Secretary

Notice to Buyer: This is a specified disease Policy. This Policy provides limited benefits and the benefits are not intended to cover medical expenses.

**THIS IS NOT MAJOR MEDICAL OR MEDICARE SUPPLEMENT INSURANCE.
THIS IS NOT LIFE INSURANCE.
NON-PARTICIPATING**

If You have any questions, would like to obtain information or make a complaint,
You may telephone Us toll free at [1-800-356-9601].

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Schedule Page

| CRITICAL ILLNESS INSURANCE | * BENEFIT AMOUNT PER CATEGORY | ** MAXIMUM BENEFIT AMOUNT | ANNUAL PREMIUM |
|-------------------------------|----------------------------------|------------------------------|-------------------|
| INSURED | [\$AMOUNT] | [\$AMOUNT] | [\$AMOUNT] |
| [SPOUSE | [\$AMOUNT] | [\$AMOUNT] | [\$AMOUNT]] |
| [PER CHILD | \$10,000 | \$30,000 | [\$AMOUNT]] |

* The Benefit Amount Per Category means the benefit amount for each of the three benefit Categories. See section “Benefit Payment” for a list of the benefit Categories.

** The Maximum Benefit Amount is the total sum of all three benefit Categories.

ANNUAL PREMIUM: [\$AMOUNT]

MODAL PREMIUM: [\$AMOUNT]

SEMI-ANNUAL PREMIUM: [\$AMOUNT]

POLICY FEE INCLUDED IN PREMIUM [\$AMOUNT]

QUARTERLY PREMIUM: [\$AMOUNT]

MONTHLY PREMIUM: [\$AMOUNT]

[BIWEEKLY PREMIUM: [\$AMOUNT]]

INSURED: [NAME]

POLICY NUMBER: [NUMBER]

DATE OF ISSUE: [DATE]

INSURED SEX: [MALE/FEMALE]

SPOUSE SEX: [MALE/FEMALE]

INSURED AGE AT ISSUE: [AGE]

SPOUSE AGE AT ISSUE: [AGE]

INSURED PREMIUM CLASS: [TOBACCO/NON]

SPOUSE PREMIUM CLASS: [TOBACCO/NON]

Effective Date - This Policy's Effective Date is the Date of Issue shown above. This Policy became effective at 12:00 AM Standard Time where the Insured Person lived on the Date of Issue. If this Policy lapses and is reinstated, the Effective Date is as described in the Reinstatement provision. With regard to applying for insurance for new dependents, please see “Dependent Coverage” under section “General Provisions”.

When Insurance Ends - Insurance under this Policy will terminate at the earlier of: (i) the time Premium is not paid, as described in section “Premium Provisions”; (ii) for any Insured Person, upon written request by the Insured; (iii) for any Insured Person, the date he or she reaches the Maximum Benefit Amount; (iv) for any Insured Person, the date he or she is deceased; (v) for any Insured Person, the date he or she is no longer a permanent, legal resident of the United States; (vi) for the Insured, the date he or she attains age 75; and (vii) for the Spouse, the date he or she attains age 75. This Policy will terminate at 11:59 PM Standard Time where the Insured Person lives on the date provided for termination.

Benefit Payment

| CRITICAL ILLNESS DIAGNOSIS | BENEFIT PAYMENT PERCENTAGE |
|--|----------------------------|
| CATEGORY I | |
| Invasive Cancer (Diagnosed more than 30 days after the Effective Date) | 100% |
| Invasive Cancer (Diagnosed during the first 30 days of In-Force insurance) | 10% |
| Cancer In Situ (Diagnosed more than 30 days after the Effective Date) | 25% |
| Cancer In Situ (Diagnosed during the first 30 days of In-Force insurance) | 2.5% |
| CATEGORY II | |
| Heart Attack (Myocardial Infarction) | 100% |
| Stroke | 100% |
| Major Organ Failure of the heart or combination failure including heart | 100% |
| Coronary Artery Bypass | 25% |
| Angioplasty | 10% |
| CATEGORY III | |
| Major Organ Failure not covered in CATEGORY II | 100% |
| End Stage Renal Disease | 100% |
| Severe Burn | 100% |
| Coma | 100% |
| Paralysis | 100% |

Critical Illness benefits are payable for first ever occurrences, Diagnoses or procedures that occur after the Insured Person's Effective Date of insurance. The occurrence, Diagnosis or procedure is the first time ever, in the Insured Person's lifetime, that he or she has experienced a covered Critical Illness, been Diagnosed with a specific, covered Critical Illness or undergone a specific procedure for a covered Critical Illness.

Reduced Cancer Benefit - If Invasive Cancer or Cancer In Situ is Diagnosed within the first 30 days beginning on the Policy's Effective Date, the Benefit Payment will be reduced as shown in the above percentages.

Multiple Payment Benefit - This feature allows for Multiple Payments from the three Categories of Critical Illnesses. The Benefit Payment under each Category shall not exceed 100% of the Benefit Amount Per Category. You can receive a Benefit Payment on a second or third Critical Illness if that Critical Illness meets the terms and conditions of the Policy. After a Benefit Amount is paid for one Category, the Insured can choose to continue paying Premiums, for an Insured Person, and possibly receive additional Benefit Payments if another Critical Illness occurs. The Maximum Benefit Amount is three times the Benefit Amount Per Category (as shown on the "Schedule Page). Once 100% of the Maximum Benefit Amount has been paid for an Insured Person, insurance for the Insured Person terminates and no further benefits are payable.

- There is only one Benefit Payment for each Critical Illness. There is only one Benefit Payment per 180-day period across the three Categories. However, the 180-day period does not apply to Benefit Payments within the same Category.
- If a First-Ever Diagnosis occurs within the 180-day period after a Benefit Payment, no Benefit Payment will be payable. However, a subsequent occurrence and Diagnosis of that Critical Illness, after the 180-day period, will be considered a "First-Ever Diagnosis" and will be payable.
- If more than one Critical Illness is diagnosed at the same time, the Benefit Payment shall be based on the larger Benefit Amount of the Critical Illnesses diagnosed. If the Benefit Amounts are the same, there will only be one Benefit Payment per 180-day period.

Critical Illness & Diagnosis Requirements

We reserve the right to have any Critical Illness Diagnosis reviewed by a Physician of Our choosing. In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, We shall have the right to request an examination of either the Insured Person, or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert selected by Us in the applicable field of medicine.

Conditions - Benefit Payments upon a first Diagnosis of the Critical Illnesses listed below are subject to the following: (1) the Diagnosis is made within the United States; (2) the Diagnosis is made while the Insured Person's insurance is In-Force under this Policy; and (3) payment must not be precluded by any general or specific Exclusion or provision set forth under this Policy or any failure to meet any condition precedent set out below.

CATEGORY I

Invasive Cancer is a malignant neoplasm which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Leukemias and lymphomas are included. Invasive Cancer must be positively Diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology, upon the basis of a microscopic examination of fixed tissues, or preparations from the hematopoietic and lymphatic systems. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic structure or pattern of the suspected tumor, tissue and/or specimen. Clinical Diagnosis alone does not meet this standard, unless the following conditions are met: (1) a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening; (2) there is medical evidence to support the Diagnosis; and (3) a Physician is treating the Insured Person for Invasive Cancer and/or Cancer In Situ.

- For the purposes of this Policy, Invasive Cancer excludes pre-malignant lesions (such as intraepithelial neoplasia); benign tumors or polyps; early prostate cancer diagnosed as Stage 1 or equivalent staging; Cancer in Situ; or any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Cancer in Situ is cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue (the cancer has not spread). Diagnosis includes early prostate cancer diagnosed as Stage 1 or equivalent staging; and melanoma not invading the dermis. Cancer In Situ must be Diagnosed pursuant to a Pathological or clinical Diagnosis.

- For the purposes of this Policy, Cancer in Situ excludes other skin malignancies; pre-malignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps.

CATEGORY II

Heart Attack is an acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries, and which results in the loss of the normal function of the heart. The Diagnosis of Heart Attack must be made by a Physician board-certified as a Cardiologist and based on both new clinical presentation and electrocardiographic changes consistent with an evolving Heart Attack, and serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.

- For the purposes of this Policy, Heart Attack excludes established (old) myocardial infarctions.

Stroke is a cerebrovascular incident caused by infarction of brain tissue, cerebral or subarachnoid hemorrhage, cerebral embolism or cerebral thrombosis, persisting for at least 96 hours following the occurrence of the Stroke. The Diagnosis of Stroke must be made by a Physician board-certified as a Neurologist and must be based on documented neurological deficits and confirmatory neuroimaging studies.

- For the purposes of this Policy, Stroke does not include transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

Major Organ Failure means clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Insured to be replaced with an organ(s) or tissue from a suitable human donor (excluding an Insured Person) under generally accepted medical procedures. The organ(s) and tissues covered under this Category are the

entire heart or a combination failure including the heart. In order for the Major Organ Transplant to be covered under this Policy, the Insured Person must be registered by the United Network of Organ Sharing or the National Marrow Donor Program.

Coronary Artery Bypass Surgery means the undergoing of heart surgery using a non-coronary blood vessel(s) (either artery or vein) to surgically bypass obstructions in a native coronary artery(ies). Surgery must be performed by a Physician board-certified as a cardiothoracic surgeon. Diagnosis requiring surgery must be based on evidence of the underlying disease.

- For the purposes of this Policy, other surgical or non-surgical techniques are excluded.

Angioplasty is the actual undergoing of a percutaneous (through the skin) coronary intervention deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. A Physician board-certified as a Cardiologist must perform the Procedure.

- For the purposes of this Policy, other surgical or non-surgical techniques are excluded from insurance coverage.

CATEGORY III

Major Organ Failure means clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Insured to be replaced with an organ(s) or tissue from a suitable human donor (excluding an Insured Person) under generally accepted medical procedures. The organs and tissues covered under this Policy are: liver, kidney, small intestine, pancreas, pancreas-kidney, bone marrow, or lung. In order for the Major Organ Transplant to be covered under this Policy, the Insured Person must be registered by the United Network of Organ Sharing or the National Marrow Donor Program.

End-Stage Renal Disease is the chronic and irreversible failure of both kidneys which requires periodic and ongoing dialysis. The Diagnosis of End Stage Renal Disease must be made by a Physician board-certified in Nephrology.

Severe Burn is a cosmetic disfigurement on the surface of a body area due to an injury that is a full-thickness or third-degree burn covering 20% or more of the body. A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to things such as, but not limited to: fire, heat, caustics, electricity or radiation. The Diagnosis of a severe burn must be made by a Physician specializing in severe burns or plastic surgery.

Coma is a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by external stimulation, lasting for a continuous period of at least 96 hours. The Diagnosis must indicate that permanent neurological deficit is present and is expected to last for a continuous 12-month period or longer from the date of the Diagnosis. The Diagnosis of Coma must be made by a Physician board-certified as a Neurologist. (Coma as a result of a Stroke is excluded. Stroke is covered under a separate benefit.)

Paralysis is the complete and permanent loss of use of two or more limbs, through neurological injury, for a continuous period of at least 180 days. The Diagnosis of Paralysis must include documented evidence of the injury that caused the Paralysis and must be confirmed by a Physician board-certified as a Neurologist.

- For the purposes of this Policy, neurological injury does not include Stroke.

General Exclusions

This Policy does not cover any Critical Illness caused in whole or in part by, or resulting in whole or in part, from the Insured Person's:

- commission of or attempt to commit a felony.
- intentional self-inflicted injury or sickness.
- alcoholism or drug addiction.

- being intoxicated or under the influence of an illegal substance or a narcotic (unless prescribed by a Physician to the Insured Person). Intoxication is determined by the laws of the state where the incident occurred.
- attempting or committing suicide.
- illness or injury that is not specifically set forth in and covered under this Policy.

Claim Provisions

Notice of Claim - Written notice of claim must be given to Us or Our authorized representative within 60 days after a Critical Illness is determined. Notice should include information sufficient to identify the Insured Person.

Claim Form - Upon receipt of written Notice of Claim, We will send a Claim Form for filing Proofs of Claim. If You do not receive such forms within 15 days you can send us, without the Claim Form, the written proof covering the occurrence, the character, and the extent of the Critical Illness for which claim is made.

Proof of Claim - Must be given to Us not later than 90 days after a Critical Illness is determined. Failure to furnish Proof within 90 days shall not invalidate nor reduce any claim if it was not reasonably possible to give Proof within 90 days, provided such Proof is furnished as soon as reasonably possible and in no event, not later than one year from the time Proof is required.

Payment of Claims - Upon receipt of proper Proof of Claim, benefits will be paid within 30 days. If any claims payment interest accrues, interest will be paid in the amount determined by the state governing this Policy. Benefits will be paid in one lump sum. If the event the Insured Person dies, any Benefit Payment that remains unpaid will be paid to the Insured Person's estate.

Review Procedure - If all or part of a claim is denied, you may request a review in writing and send your request to Us within 120 days after You receive notice of the denial. You may send us written comments or other items to support the claim. We will review the claim promptly after We receive the request. We will send You a notice of our decision within 45 days after We receive the request, unless special circumstances require an extension. If We determine that an extension in our review time is required, written notice of the extension will be furnished to You prior to the expiration of the initial 45 day period. In no event will such extension exceed a period of 60 days from the end of the initial period.

Premium Provisions

Premium - The amount We charge for Critical Illness Insurance under this Policy. To keep this Policy In Force, You must pay the Premiums when they are due. Premiums are payable to Us at Our Home Office and are payable in advance after the first Premium. The initial Premium rates in effect on the Effective Date, and any renewal Premiums thereafter, are those determined by Us. Any Premium changes will be applied only when the same change is made for all Policies and premium classes in the Insured's state. We will provide 60 days advance notice when there is a change in Premium. Any unearned Premium we receive will be returned to the Insured or Insured's estate within 30 days after notification of the insured's death has been furnished to Us. At Your request, and upon payment of the Premium, We will deliver to You a receipt signed by an officer of Our company. You can save money if You pay your Premium annually because there is a greater cost if You pay Premiums on a more frequent basis.

Grace Period - If a premium, other than the first, is not paid on its due date, Your Policy will remain In Force for a period of 31 days from the premium due date. This Policy stays In-Force during this Grace Period and Premium is required for coverage during the Grace Period. At the time of claim payment for a claim incurred during the Grace Period, any premium then due and unpaid will be deducted by Us from the claim payment.

Reinstatement - You may request to reinstate Your Policy if Your insurance under this Policy lapses because a Grace Period ended without sufficient Premium payments. Any Reinstatement must be done within 30 days from the end of the Grace Period. For Us to consider Reinstatement, We will require Your written request to Reinstatement insurance under

this Policy and evidence of insurability satisfactory to Us. If all the conditions for Reinstatement are satisfied, Your insurance under this Policy will be in effect as though it had continued In-Force from the lapse date to the date of Reinstatement.

General Provisions

Assignment - An Insured Person may not assign any of his or her rights, privileges or benefits under this Policy.

Clerical Error - Clerical error, whether by the Insured or Us, will not void the insurance of any Insured Person if that insurance would otherwise have been In-Force, nor will it extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Conformity with State Laws - This Policy is subject to the laws issued by the insurance regulator for the state governing the Entire Contract. If part of this Policy does not follow that law, it will be treated as if it does.

Dependent Coverage - If after the Insured's initial Application and Policy issuance, he or she wants to add a Spouse or Child, the Spouse or Child would need to complete an Application for Critical Illness Insurance which must be submitted to, and approved by, Us. "Spouse" is defined in the "General Provisions" section and "Child" is defined in the Child Benefit Rider that would be issued when a Child is covered under this Policy. The Insured should contact the agent or Us for additional information and application materials.

Entire Contract - The entire agreement between the Insured and Us consists of this Policy, the attached Application, attached riders or endorsements, if any, and any declaration of insurability, if applicable. No agent or other person, except an officer of Our company, has the authority to make or modify this Policy or waive any of Our rights or requirements.

Incontestability (Time Limit on Certain Defenses) - All statements made in the Application are representations and not warranties. We cannot contest this Policy, except for non-payment of Premium, after it has been In-Force for 2 years from the Effective Date or Reinstatement. No claim incurred after 2 years from the Date of Issue shall be reduced or denied on the ground that a Critical Illness, not excluded from coverage by name or specific description effective on the date the claim was incurred, had existed prior to the Insured Person's Effective Date. No statement shall be used to contest this Policy, the validity of insurance coverage or reduce benefits, unless it is in writing signed by the Insured, and a copy of such statement is furnished to the Insured.

Legal Actions - A Legal Action may not be brought to recover on this Policy within 60 days after written Proof of Claim has been given as required. No such action may be brought after 3 years from the time written proof was required to be given.

Misstatement of Age or Sex - If the age or sex of an Insured Person is misstated in the Application, We will adjust any proceeds payable to the benefit amount the Premium paid would have purchased if the age or sex had been correctly stated.

Misstatement of Tobacco Use - If an Insured Person's use of tobacco has been misstated, We will make an equitable adjustment of Premiums, benefits or both. The adjustment will be based on: (1) the amount of insurance based on the correct tobacco use status; and (2) the difference between the Premiums paid and the Premiums which would have been paid if the tobacco use status had been correctly stated.

Non-Participating - This Policy is Non-Participating. It does not share in Our earnings.

Physical Examination - We, at Our own expense, shall have the right and opportunity to examine the Insured Person as reasonably required while a claim is pending.

Workers' Compensation - This Policy is not in lieu of, and does not affect any requirements for coverage by, any Workers' Compensation Act or similar law.

Definitions

Critical Illness - Any of the Critical Illnesses specifically listed in section “Benefit Payment” and as defined in section “Critical Illness & Diagnosis Requirements”.

Diagnosed/Diagnosis - A definitive diagnosis made by a Physician, licensed and practicing in the United States and, where applicable, specializing in a particular area of medicine: (1) based upon the use of clinical and/or laboratory investigations as supported by the Insured Person's medical records; and (2) meeting any Diagnosis requirements set forth in this Policy for the particular Critical Illness being Diagnosed.

- **Pathological Diagnosis** - Diagnosis of Invasive Cancer or Cancer In Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Physician board certified as a pathologist and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

In-Force - This Policy is In-Force if Premiums are paid when due or within the Grace Period.

Insured - The Insured is the policyholder to whom this Policy was issued.

Insured Person(s) - Any Insured or Spouse that is covered under this Policy.

Physician - A qualified medical professional who is licensed under the laws of the United States to Diagnose and treat physical or mental impairment(s). The Physician's scope of license must include the ability to Diagnose the Critical Illness being Diagnosed and be a board certified specialist where required under this Policy. The Diagnosing Physician can not be a family member: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or son or daughter.

Spouse - A person to whom the Insured is legally married to and from whom the Insured is not legally separated.

United States - The United States of America and its territories.

We, Us, Our – The insurance company.

You or Your - Insured Person(s).

CRITICAL ILLNESS INSURANCE TO AGE 75

**THIS IS NOT MAJOR MEDICAL OR MEDICARE SUPPLEMENT INSURANCE.
THIS IS NOT LIFE INSURANCE.
NON-PARTICIPATING**

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717 • Phone: 1-800-356-9601

**CHILD BENEFIT RIDER
CRITICAL ILLNESS INSURANCE**

This is an Insured's Child Benefit Rider (hereafter referred to as "Rider") which adds the Insured's Children to the Insured's Critical Illness Insurance Policy (hereafter referred to as "Policy").

This Rider, including the Policy and any other attached papers, constitutes the Entire Contract of insurance. No change in this Rider shall be valid until approved by an executive officer of Our Company. No agent has authority to change this Rider or waive any of its provisions.

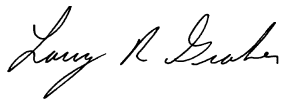
Provisions under this Rider are subject to all definitions, terms and conditions, limitations and exclusions of the Entire Contract, unless otherwise stated herein. Please refer to the Policy.

**The Critical Illness Maximum Benefit Amount is \$30,000 per Child,
(Benefit Amount Per Category is \$10,000).**

Premium: The Premium for this Rider is described in the Policy's Schedule Page.

When Insurance Ends – Critical Illness Insurance under the Policy will terminate at the earlier of: (i) the date the Policy terminates; (ii) the time Premium is not paid, as described in section "Premium Provisions"; (iii) upon written request by the Insured; (iv) the date the Child reaches the Maximum Benefit Amount; (v) the date the Child attains age 25 or gets married (as described in this Rider's section "Definitions"); (vi) the date the Child is deceased; or (vii) the date the Child is no longer a permanent, legal resident of the United States.

Signed by Madison National Life Insurance Company, Inc.



Larry R. Graber
President



Adam C. Vandervoort
Secretary

The Policy is a specified disease Policy, it provides limited benefits, and the benefits are not intended to cover medical expenses.

**THIS IS NOT MAJOR MEDICAL INSURANCE.
THIS IS NOT LIFE INSURANCE.**

This Rider provides Critical Illness Benefits for covered Children payable upon a Critical Illness. We promise to pay the Critical Illness Benefits upon receipt of Proof of Claim, while this Policy is In-Force.

Definition:

Child - The Insured's Child(ren) to age 25. The term "Child" refers to the Insured's natural child, step child, legal ward and adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency make the placement (legal proof of guardianship or placement will be required). Critical Illness Insurance will end when the Child reaches age 25 or the child gets married (or as described in "When Coverage Ends").

If, on the date the Child's insurance would end because of reaching age 25 or marriage, the Child is not capable of self-sustaining employment because of mental retardation or physical handicap, and is chiefly dependent on the Insured for support and maintenance, We will continue insurance on the Child. Insurance will continue as long as this Policy remains In-Force and the incapacity continues (legal proof of incapacitation will be required). The adult Premium for the age and gender of the Child must be paid. Prior to the date the insurance for the Child is to end, We may ask whether or not he or she is incapacitated. We require satisfactory proof of such incapacity in order for the Child's insurance to continue.

If, while the Policy is In-Force, a Child becomes eligible for coverage under the Policy (*for example, a newborn Child or a Child placed for adoption*), the Insured must complete an Application to add the Child. The Insured must send the Application to Us for underwriting and approval.

Exclusion:

Severe Burns: In addition to the limitations and Exclusions provided for in the Policy, the Policy does not provide Children any Critical Illness Benefits for Severe Burns.

SERFF Tracking Number: MADS-127114622 State: Arkansas

Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 48424

Company Tracking Number: ICI-MNL

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: ICI

Project Name/Number: ICI/ICI-P-0211-AR

Rate/Rule Schedule

| Schedule | Document Name: | Affected Form | Rate | Rate Action Information: | Attachments |
|-----------------------------------|----------------|-------------------------|----------|--------------------------|--------------------------------------|
| Item | | Numbers: | Action:* | | |
| Status: | | (Separated with commas) | | | |
| Approved- Closed 04/19/2011 | CI Rate Sheet | ICI-P-0211-AR | New | | Actuarial CI Ratesheet 55%.pdf |

IHC Companies

Annual Premium per \$1000 benefit

| <u>Issue Age</u> | Male | | Female | |
|-------------------------|---------------------------|-----------------------|---------------------------|-----------------------|
| | <u>Non-Tobacco</u> | <u>Tobacco</u> | <u>Non-Tobacco</u> | <u>Tobacco</u> |
| 18 | 3.31 | 4.70 | 4.44 | 6.52 |
| 19 | 3.31 | 4.70 | 4.44 | 6.52 |
| 20 | 3.31 | 4.70 | 4.44 | 6.52 |
| 21 | 3.31 | 4.70 | 4.44 | 6.52 |
| 22 | 3.31 | 4.99 | 3.37 | 4.21 |
| 23 | 3.64 | 5.43 | 4.06 | 5.40 |
| 24 | 3.97 | 5.86 | 4.74 | 6.58 |
| 25 | 4.30 | 6.30 | 5.43 | 7.77 |
| 26 | 4.59 | 6.79 | 5.67 | 8.17 |
| 27 | 4.89 | 7.28 | 5.91 | 8.57 |
| 28 | 5.18 | 7.78 | 6.14 | 8.96 |
| 29 | 5.48 | 8.27 | 6.38 | 9.36 |
| 30 | 5.77 | 8.76 | 6.62 | 9.76 |
| 31 | 6.19 | 9.45 | 7.03 | 10.24 |
| 32 | 6.61 | 10.13 | 7.44 | 10.73 |
| 33 | 7.03 | 10.82 | 7.85 | 11.21 |
| 34 | 7.45 | 11.50 | 8.26 | 11.70 |
| 35 | 7.87 | 12.19 | 8.67 | 12.18 |
| 36 | 8.42 | 13.02 | 9.04 | 12.85 |
| 37 | 8.98 | 13.85 | 9.41 | 13.52 |
| 38 | 9.53 | 14.68 | 9.78 | 14.20 |
| 39 | 10.09 | 15.51 | 10.15 | 14.87 |
| 40 | 10.64 | 16.34 | 10.52 | 15.54 |
| 41 | 11.43 | 17.53 | 10.94 | 16.38 |
| 42 | 12.23 | 18.72 | 11.35 | 17.23 |
| 43 | 13.02 | 19.91 | 11.77 | 18.07 |
| 44 | 13.82 | 21.10 | 12.18 | 18.92 |
| 45 | 14.61 | 22.29 | 12.60 | 19.76 |
| 46 | 15.54 | 23.81 | 13.19 | 20.94 |
| 47 | 16.46 | 25.33 | 13.78 | 22.12 |
| 48 | 17.39 | 26.84 | 14.38 | 23.31 |
| 49 | 18.31 | 28.36 | 14.97 | 24.49 |
| 50 | 19.24 | 29.88 | 15.56 | 25.67 |
| 51 | 20.20 | 31.46 | 16.31 | 27.05 |
| 52 | 21.16 | 33.04 | 17.05 | 28.43 |
| 53 | 22.11 | 34.61 | 17.80 | 29.80 |
| 54 | 23.07 | 36.19 | 18.54 | 31.18 |
| 55 | 24.03 | 37.77 | 19.29 | 32.56 |
| 56 | 25.17 | 39.83 | 19.91 | 34.31 |
| 57 | 26.31 | 41.89 | 20.53 | 36.06 |
| 58 | 27.46 | 43.94 | 21.14 | 37.82 |
| 59 | 28.60 | 46.00 | 21.76 | 39.57 |
| 60 | 29.74 | 48.06 | 22.38 | 41.32 |
| 61 | 31.18 | 50.94 | 23.49 | 44.05 |
| 62 | 32.62 | 53.82 | 24.61 | 46.78 |
| 63 | 34.07 | 56.70 | 25.72 | 49.50 |
| 64 | 35.51 | 59.58 | 26.84 | 52.23 |

Per Child Premium per \$1,000 Benefit =

2.66

\$75 Policy Fee

IHC Companies

Simplified Critical Illness

Premium Calculation Worksheet

| | Benefit Amount(,000) | times | Premium per Thousand | times | # of Insureds | equals |
|------------------------------------|----------------------|-------|----------------------|-------|---------------|--------|
| Insured Base Premium: | 30 | | 24.03 | | 1 | |
| Spouse Base Premium: | 30 | | 11.77 | | 1 | |
| Dependent Child(ren) Base Premium: | 10 | | 2.66 | | 2 | |

Premium Subtotal:

Annual Policy Fee:

Total Annual Premium:

Modal Premium Factor:

Modal Premium:

Modal Premium Factors:

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Bi-Weekly = 0.0415

Premium

720.90

353.10

53.20

1,127.20

75.00

1,202.20

1.000

1,202.20

SERFF Tracking Number: MADS-127114622 State: Arkansas
 Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 48424
 Company Tracking Number: ICI-MNL
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: ICI
 Project Name/Number: ICI/ICI-P-0211-AR

Supporting Document Schedules

| | Item Status: | Status Date: |
|---|-----------------|-----------------|
| Satisfied - Item: Flesch Certification | Approved-Closed | 04/19/2011 |

Comments:

Also different from our original filing is the 23-79-138 Certification. It has been revised to reflect that we are compliant with the requirement and our AR Complaint Notice is generated at the time of Policy issuance and attached to the Policy.

Attachments:

Readability Cert 49 All Ins.pdf
 Certif 23-79-138 0413.pdf

| | Item Status: | Status Date: |
|---|-----------------|-----------------|
| Bypassed - Item: Application | Approved-Closed | 04/19/2011 |
| Bypass Reason: This is a new form. Please see the form ICI-A-0211 attached to the Form Schedule tab. | | |

Comments:

| | Item Status: | Status Date: |
|--|-----------------|-----------------|
| Satisfied - Item: Outline of Coverage | Approved-Closed | 04/19/2011 |

Comments:

The outline of coverage is attached to the form schedule tab.

| | Item Status: | Status Date: |
|---|-----------------|-----------------|
| Satisfied - Item: John Doe Forms | Approved-Closed | 04/19/2011 |

Comments:

Attachments:

JDoe Standard App MNL.pdf
 JDoe Standard Policy SchedulePg.pdf

SERFF Tracking Number: MADS-127114622 State: Arkansas
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 48424
Company Tracking Number: ICI-MNL
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: ICI
Project Name/Number: ICI/ICI-P-0211-AR

| | Item Status: | Status |
|---|-----------------|-------------------------|
| Satisfied - Item: Variability and Standard Checklist | Approved-Closed | Date: 04/19/2011 |
| Comments: | | |
| Attachments: | | |
| Variability Stmtnt 0303 3Ins.pdf | | |
| Checklist.pdf | | |

CERTIFICATE OF READABILITY

TO: Department of Insurance

I hereby certify that the Application and Policy forms meet the minimum requirements of the Flesch reading ease policy simplification test, are at least 10 point type or larger, and that the **Flesch reading ease test has been applied to said forms together** resulting in a score of:

| Form No. | Description | Score |
|---------------|--------------------------------------|-------|
| ICI-A-0211 | Critical Illness Application | 49.9 |
| ICI-OOC-0211 | Critical Illness Outline-of Coverage | |
| ICI-P-0211 | Critical Illness Policy | |
| ICI-R-CH-0211 | Critical Illness Child Benefit Rider | |



Adam Vandervoort
Secretary
Madison National Life Insurance Company, Inc.
Standard Security Life Insurance Company of New York
Independence American Insurance Company

Dated: February 21, 2011



Re: **ARKANSAS 23-79-138**

I hereby certify that the accompanying product is in compliance with Arkansas Insurance Code 23-79-138. Our complete address and 800 phone number is shown in the Arkansas Department of Insurance Complaint Notice that is attached to each Policy at the time of issuance.

Hereby certified on this 13th day of April, 2011.

By:

A handwritten signature in dark ink, appearing to read "Andrea L. Greiber", is positioned above a horizontal line.

Andrea L. Greiber
Compliance Specialist
Madison National Life Insurance Company, Inc.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.**Mailing: PO Box 2867, Clinton, IA 52733 (Admin. Office)**

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

Phone: 1-800-356-9601

Madison National
Life Insurance Company
Independence Holding Group**APPLICATION FOR INDIVIDUAL CRITICAL ILLNESS INSURANCE**

| I. APPLICANT(S) | | | | |
|---|------------------------------------|---|---|--------------------|
| Applicant's Name (First, Middle, Last) <i>John Thomas Doe</i> | | | SSN <i>123-45-6789</i> | |
| Date of Birth (mo/day/year) <i>10/10/1976</i> | State of Birth <i>Wisconsin</i> | Phone No.(s) <i>608-123-4567</i> | | |
| Is the Applicant a permanent, legal resident of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If the Applicant has a permanent resident Green Card, please list the number: <i>N/A</i> | | | | |
| Height <i>6</i> ft. <i>3</i> in. | Weight <i>210</i> lbs. | Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F | | |
| In the last 12 months, has the Applicant used tobacco of any kind? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Applicant's Street Address (including City, State, ZIP) <i>2468 Glenview Road, Madison, WI 53704</i> | | | | |
| Mailing Address (including City, State, ZIP), if different than above | | | Mail Policy Documents to: <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Applicant | |
| Spouse's Name (First, Middle, Last), if applying for insurance <i>Jane Susan Doe</i> | | | Spouse's SSN <i>123-45-2468</i> | |
| Date of Birth (mo/day/year) <i>06/06/1976</i> | State of Birth <i>Wisconsin</i> | Phone No.(s) <i>608-123-4567</i> | | |
| Is the Applicant a permanent, legal resident of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If the Applicant has a permanent resident Green Card, please list the number: <i>N/A</i> | | | | |
| Height <i>5</i> ft. <i>3</i> in. | Weight <i>110</i> lbs. | Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F | | |
| In the last 12 months, has the Spouse used tobacco of any kind? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Child Coverage, if applying for insurance (please fill out completely) (attached separate sheet if more space is needed) | | | | |
| Name (First, Middle, Last) | Date of Birth (mo/day/year) | Gender | Height (feet/inches) | Weight (pounds) |
| <i>Sandra Susan Doe</i> | <i>01/13/2005</i> | <input type="checkbox"/> M <input checked="" type="checkbox"/> F | <i>3'1"</i> | <i>38</i> |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| Any applicant applying for any specified disease (critical illness) insurance may not be covered by the Federal Medicaid program (Title XIX). Is any applicant listed above currently covered by the Federal Medicaid program (Title XIX)? If "Yes", please list name(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Requested Effective Date: (choose 1 st or 15 th and state the month) <input checked="" type="checkbox"/> 1 st or <input type="checkbox"/> 15 th of: <i>May</i> | | | | |

II. HEALTH QUESTIONS - The terms “diagnosed”, “advised” and “treatment” mean any medical diagnosis, medical treatment or medical advice received by a licensed member of the medical profession.

This section applies to any applicant applying for coverage.

For any “Yes” answer, please list the applicant’s name and question number(s) on page 3.

In the last 10 years, has any applicant had symptoms of, received abnormal diagnostic test results related to, been diagnosed with, received or been advised to receive, treatment for any of the following:

| | |
|---|---|
| 1. Heart attack, Aortic or heart valve surgery, Angioplasty or Coronary Artery Bypass? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Stroke or Transient Ischemic Attack (TIA)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Cancer or Leukemia (excluding basal or squamous cell carcinoma of the skin)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. End-Stage Renal Disease (ESRD)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Major organ failure or bone marrow transplant? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6. Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 7. Alzheimer’s disease, dementia or amyotrophic lateral sclerosis (ALS) muscular dystrophy, chorea or other disease affecting the central nervous system? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. Multiple Sclerosis (MS)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9. Cirrhosis of the liver? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 10. Hepatitis B, Hepatitis C or is a carrier of Hepatitis? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 11. Alcoholism, drug or substance abuse? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 12. Diabetes (other than during pregnancy)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

In the last 5 years, has any applicant had symptoms of, received abnormal diagnostic test results related to, been diagnosed with, received or been advised to receive, treatment for any of the following:

| | |
|---|---|
| 13. Heart disease, including Angina (excluding mitral valve prolapse not requiring medication or treatment, and innocent (functional) heart murmurs)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 14. Kidney disease (excluding non-recurrent kidney stones or and non-chronic infections) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 15. Liver disease? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Lung disease (excluding non-chronic bronchitis, asthma, and a single episode of pneumonia that has not required hospitalization)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 17. Disease of the nervous system (excluding non-chronic shingles)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 18. Colitis, disease or disorder of the pancreas, or Crohn’s disease (excluding mucus colitis and irritable bowel syndrome)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 19. Recurrent tumors or unexplained tumors or growth, precancerous lesions/tumors, polyps, dysplastic nevi (atypical moles), or abnormal moles or lesions? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 20. Basal or squamous cell carcinoma of the skin? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 21. Fibrocystic breast disease or an <i>abnormal</i> PSA test, Pap smear or mammogram? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 22. Hypertension which has averaged over 150/90 or (within the last one year) has required more than one medication to control? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 23. Hyperlipidemia with cholesterol levels averaging over 300 mg and/or triglyceride levels averaging over 350 mg or (within the last one year) has required more than one medication to control? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 24. Recurrent Human Papillomavirus (HPV) or a sexually transmitted disease? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

In the last 5 years, has any applicant:

| | |
|--|---|
| 25. Lost the ability to perform any of the following activities independently: dressing, bathing, feeding, toileting or continence, or transfer in or out of a chair or bed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

Has any applicant had two or more natural parents or brothers or sisters (living or deceased) who were diagnosed with the same medical condition, as follows:

| | |
|---|---|
| 26. Diagnosed before age 60 of cancer, heart disease, diabetes, stroke or kidney disease? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 27. Diagnosed before age 75 of colorectal cancer, Alzheimer’s disease or dementia? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

II. HEALTH QUESTIONS *continued...*

For any “Yes” answer on page, please list applicant’s name and question number(s) here:

Applicant Name(s)

Question Number(s)

If an answer was marked “Yes” to any questions on page 2, for an applicant listed above, that applicant is not eligible for Critical Illness Insurance.

III. BENEFIT AMOUNT

Please complete the Benefit Amount you are applying for:

Primary Applicant

Spouse Applicant

Dependent Child Applicant(s)

\$ 30,000

\$ 30,000

☒ \$10,000 per covered Child**IV. PREMIUM**

Premium – Total Amount

\$ 1,568.58

Payment Mode

☐ Annual ☐ Semi-Annual ☒ Quarterly ☐ Monthly ☐ Bi-weekly

Payment Type

☒ Bank Draft (☒ Checking or ☐ Savings) ☐ Allotment Credit or Debit Card ☐ Other:**ALL PREMIUM CHECKS MUST BE MADE PAYABLE DIRECTLY TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK. NO MONEY ORDERS ACCEPTED.****V. EXISTING INSURANCE/REPLACEMENT - Questions & Signatures****Applicant and Spouse:**

- Do you understand this is an Application for a Critical Illness Insurance Policy and not a major medical insurance policy? ☒ Yes ☐ No
- Do you acknowledge receipt of the “Notice to Proposed Insured” and the Critical Illness Outline of Coverage? ☒ Yes ☐ No
- Do you have any existing accident or sickness insurance policies? ☐ Yes ☒ No
- If “Yes”, do you intend to replace any accident or sickness insurance policies?
If “Yes”, the Agent will present a disclosure about Replacement of coverage. ☐ Yes ☒ No

Agent: To the best of your knowledge,

- Do the Applicant(s) have any existing accident or sickness insurance? ☐ Yes ☒ No
- Is the critical illness insurance applied for intended to replace any existing accident or sickness insurance? If “Yes”, you must present to the Applicant(s) the required Replacement disclosure. ☐ Yes ☒ No

Applicant Signature

John Doe

Signature Date

03/01/2011

Spouse Signature

Jane Doe

Signature Date

03/01/2011

Agent Signature

James Jones

Signature Date

03/01/2011

VI. APPLICANT UNDERSTANDING AND SIGNATURE

- My statements made on this Application are true, complete, and correct to the best of my knowledge and belief.
- I understand that any representative I appoint, prior to acting on my behalf, will need to submit power of attorney documents, or other legal documents, to the Company.
- I hereby authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy provider, Veterans Administration Facility, or other medical or medically related facility, state or local government agency, insurance or reinsurance company, Medical Information Bureau, Inc. (MIB), consumer reporting agency, or employer, to give to the Company, its legal representative or its reinsurers the following information to use for underwriting insurance: diagnosis, treatment and prognosis with respect to any physical or mental condition, employment, other insurance coverage, and claims history.
- I understand that any information disclosed pursuant to this Authorization may be retained and re-disclosed and no longer covered by Federal rules governing privacy and confidentiality of health information.
- I understand the Company may use this information for the purpose of evaluating my Application; make eligibility, risk rating and policy issuance determinations; obtain reinsurance; and administer insurance benefits (no information collected concerning the sexual orientation of any Applicant will be used to determine eligibility for insurance).
- I have the right to be interviewed as part of the application process and I may contact the Company for further information.
- I, or my authorized representative, may request a copy of any consumer report and receive specific reasons for any adverse underwriting decision, including items or medical records, where applicable or allowed, to support such decision, as well as the name and address of the source. We also have the right to dispute, correct, amend or delete the portion of the recorded personal information in dispute.
- I agree that this Authorization, in connection with this form, shall be valid for 24 months from my signature date or for the duration of the claim if information is being collected in connection with a claim for a benefit. I understand that I, or my authorized representative, have the right to revoke this Authorization at any time. I understand that any revocation request of this Authorization will need to be in writing by sending a written request to the Company
- I agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my authorized representative upon request.
- I understand I must be a permanent, legal resident of the United States in order have this Critical Illness Insurance.
- **I understand the Critical Illness Insurance Policy provides limited benefits and I should review the Policy carefully upon receipt.**

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines, confinement in prison and/or denial of insurance benefits.

| Applicant Signature | Signature Date | Dated at this City & State |
|---------------------|-------------------|----------------------------|
| <i>John Doe</i> | <i>03/01/2011</i> | <i>Madison, WI</i> |
| Spouse Signature | Signature Date | Dated at this City & State |
| <i>Jane Doe</i> | <i>03/01/2011</i> | <i>Madison, WI</i> |

VII. AGENT CERTIFICATION AND SIGNATURE**To the best of your knowledge and belief:**

- Was the Applicant's signature witnessed by you? ☒ Yes ☐ No
- Did you truly and accurately record on this Application the information provided by the Applicant? ☒ Yes ☐ No
- Did you deliver the required "Notice to Proposed Insured" and the Outline of Coverage? ☒ Yes ☐ No

| | | |
|--------------------------------------|------------------------|----------------------|
| Name of Agent (typed/printed) | Agent Signature | Agent % Split |
| <i>James Jones</i> | <i>James Jones</i> | <i>100%</i> |

| | | | |
|---------------------------------------|-----------------|----------------------|---------------------|
| Dated at this City & State | Date | MNL Agent No. | Phone No. |
| <i>Madison, WI</i> | <i>03/01/11</i> | <i>115598-9</i> | <i>608-654-8879</i> |

| | | |
|--------------------------------------|------------------------|----------------------|
| Name of Agent (typed/printed) | Agent Signature | Agent % Split |
| | | |

| | | | |
|---------------------------------------|-------------|----------------------|------------------|
| Dated at this City & State | Date | MNL Agent No. | Phone No. |
| | | | |

| | |
|------------------------------|-------------------------|
| Agent Comments/Notes: | Company Use Only |
| | |

Home Office Comments:

Schedule Page

| CRITICAL ILLNESS INSURANCE | * BENEFIT AMOUNT PER CATEGORY | ** MAXIMUM BENEFIT AMOUNT | ANNUAL PREMIUM |
|-------------------------------|----------------------------------|------------------------------|-------------------|
| INSURED | \$30,000 | \$90,000 | \$708.48 |
| SPOUSE | \$30,000 | \$90,000 | \$780.30 |
| PER CHILD | \$10,000 | \$30,000 | \$ 79.80 |

* The Benefit Amount Per Category means the benefit amount for each of the three benefit Categories. See section "Benefit Payment" for a list of the benefit Categories.

** The Maximum Benefit Amount is the total sum of all three benefit Categories.

ANNUAL PREMIUM: \$1,568.58

MODAL PREMIUM: \$417.67

SEMI-ANNUAL PREMIUM: \$815.66

POLICY FEE INCLUDED IN PREMIUM \$75.00

QUARTERLY PREMIUM: \$417.67

MONTHLY PREMIUM: \$141.17

BIWEEKLY PREMIUM: \$65.09

INSURED: JOHN DOE

POLICY NUMBER: 633258

DATE OF ISSUE: MAY 1, 2011

INSURED SEX: MALE

SPOUSE SEX: FEMALE

INSURED AGE AT ISSUE: 35

SPOUSE AGE AT ISSUE: 35

INSURED PREMIUM CLASS: NON-TOBACCO SPOUSE PREMIUM CLASS: NON-TOBACCO

Effective Date - This Policy's Effective Date is the Date of Issue shown above. This Policy became effective at 12:00 AM Standard Time where the Insured Person lived on the Date of Issue. If this Policy lapses and is reinstated, the Effective Date is as described in the Reinstatement provision. With regard to applying for insurance for new dependents, please see "Dependent Coverage" under section "General Provisions".

When Insurance Ends - Insurance under this Policy will terminate at the earlier of: (i) the time Premium is not paid, as described in section "Premium Provisions"; (ii) for any Insured Person, upon written request by the Insured; (iii) for any Insured Person, the date he or she reaches the Maximum Benefit Amount; (iv) for any Insured Person, the date he or she is deceased; (v) for any Insured Person, the date he or she is no longer a permanent, legal resident of the United States; (vi) for the Insured, the date he or she attains age 75; and (vii) for the Spouse, the date he or she attains age 75. This Policy will terminate at 11:59 PM Standard Time where the Insured Person lives on the date provided for termination.

APPLICATION

Header on First Page

This Application is being filed for three insurance companies and as a result, the insurer name, address, telephone number and logo will change. (Madison National Life Insurance Company, Inc., Standard Security Life Insurance Company of New York, and Independence American Insurance Company are all members of the IHC Group.)

Section “IV. PREMIUM”

Subsection Payment Mode: The “Bi-weekly” option is bracketed because not all products have bi-weekly premium withdrawals.

Subsection Payment Type: The “Allotment” and “Credit or Debit Card” options are bracketed because not all products have these premium payment options.

Section “VII. AGENT CERTIFICATION AND SIGNATURE”

For Provision “MNL Agent No.” - we bracketed this reference because it will differ by insurer.

POLICY

Cover Page

Header: This Policy is being filed for three insurance companies and as a result, the insurer name, address, and telephone number will change. (Madison National Life Insurance Company, Inc., Standard Security Life Insurance Company of New York, and Independence American Insurance Company are all members of the IHC Group.)

For Provision “This is a legal contract”... - we bracketed the insurer name because it will differ by insurer.

For Provision “Signed by”: - we bracketed the insurer name and officer names because they will differ by insurer.

Table of Contents

First Sentence: This Policy is being filed for three insurance companies and as a result, we bracketed the phone number.

We bracketed the pages number in case the page provisions shift with the addition of state specific requirements.

Schedule Page

| CRITICAL ILLNESS INSURANCE | * BENEFIT AMOUNT PER CATEGORY | ** MAXIMUM BENEFIT AMOUNT | ANNUAL PREMIUM |
|-------------------------------|----------------------------------|------------------------------|-------------------|
| INSURED | [\$20,000-100,000] | [\$60,000-300,000] | [\$AMOUNT] |
| [SPOUSE | [\$20,000-100,000] | [\$60,000-300,000] | [\$AMOUNT]] |
| [PER CHILD | \$10,000 | \$30,000 | [\$AMOUNT]] |

- ANNUAL PREMIUM [AMOUNT]: The amount is calculated based on the Maximum Benefit Amount.
- [SPOUSE...] The Spouse coverage, benefit and premium information will only be included if the Insured chooses to apply for spouse coverage.
- [PER CHILD...] The Per Child coverage, benefit and premium information only be included if the Insured chooses to apply for child(ren) coverage.

-
- ANNUAL PREMIUM: [AMOUNT] The amount will reflect what the premium is if paid annually.

- SEMI-ANNUAL PREMIUM: [AMOUNT] The amount will reflect what the premium is if paid annually.
- QUARTERLY PREMIUM: [AMOUNT] The amount will reflect what the premium is if paid quarterly.
- MONTHLY PREMIUM: [AMOUNT] The amount will reflect what the premium is if paid monthly.
- BIWEEKLY: [AMOUNT] This whole option is bracketed because not all products have bi-weekly premium payment options. The amount will reflect what the premium is if paid biweekly.
- MODAL PREMIUM: [AMOUNT] The amount will be the premium mode the Insured chose to pay his or her premium (e.g. quarterly premium).
- POLICY FEE INCLUDED IN PREMIUM: \$[50-100] The current policy fee is \$75.

INSURED: [NAME]

DATE OF ISSUE: [DATE]

INSURED SEX: [MALE/FEMALE]

INSURED AGE AT ISSUE: [18-64]

INSURED PREMIUM CLASS: [TOBACCO/NON-TOBACCO]

POLICY NUMBER: [NUMBER]

SPOUSE SEX: [MALE/FEMALE]

SPOUSE AGE AT ISSUE: [18-64]

SPOUSE PREMIUM CLASS: [TOBACCO/NON-TOBACCO]

RIDER

Cover Page

Header: This Policy is being filed for three insurance companies and as a result, the insurer name, address, and telephone number will change. (Madison National Life Insurance Company, Inc., Standard Security Life Insurance Company of New York, and Independence American Insurance Company are all members of the IHC Group.)

For Provision “Signed by”: - we bracketed the insurer name and officer names because they will differ by insurer.

OUTLINE OF COVERAGE

Cover Page

Header: This Policy is being filed for three insurance companies and as a result, the insurer name, address, and telephone number will change. (Madison National Life Insurance Company, Inc., Standard Security Life Insurance Company of New York, and Independence American Insurance Company are all members of the IHC Group.)

REVIEW REQUIREMENTS CHECKLIST

| REVIEW REQUIREMENTS | REFERENCE | DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS | LOCATION OF STANDARD IN FILING |
|---|-----------------------------|--|--|
| GENERAL REQUIREMENTS (FOR ALL FILINGS) | | | |
| COVER PAGE (Policy jacket) © | | | Policy Cover Pg |
| Form number | | | Footer – Cover Pg |
| Insurer's identification | | | Header – Cover Pg |
| | | | |
| READABILITY © | | | SERFF Form Schedule tab |
| Non-English policies | | | |
| | | | N/A |
| VARIABILITY © | | | SERFF Supporting Documentation tab |
| | | | |
| OTHER | | | Policy Cover Pg |
| | | | Critical Illness Insurance disclaimers |
| LINE OF BUSINESS: SPECIFIED DISEASE | | | |
| POLICY FORMS | APPLICATION | | |
| REQUIREMENTS RELATING TO APPLICATIONS | | | |
| AUTHORIZATION | | | Pg 4 |
| HIV CONSENT | | | N/A - No HIV consent language/question |
| GENETIC TESTING | | | N/A - No genetic testing language/question |
| EVIDENCE OF INSURABILITY | | | Pgs 1 and 2 |
| FRAUDULENT STATEMENTS | | | Page 4 |
| REPLACEMENT QUESTIONS | | | Page 3 |
| UNDERWRITING QUESTIONS | | | Page 2 - 3 |
| REQUIREMENTS RELATING TO POLICY FORM REVIEW: | POLICY | | |
| ADDITIONAL BENEFITS | | | N/A, no additional benefits |
| | | | |
| AMENDMENTS | | | N/A, no amendments |
| | | | |
| ARBITRATION | | | N/A, no such clause/language |
| | | | |
| AUTOPSY | | | N/A, no such clause/language |
| | | | |

| | | | |
|--|---------------------|---|--|
| AVOCATIONAL OR OCCUPATIONAL EXCLUSION RIDERS | | | N/A, no exclusion rider |
| | | | Pg 4 |
| BENEFIT REIMBURSEMENT | | | |
| | | | Pg 7 |
| CLAIM FORMS | | | |
| | | | Pg 7 |
| CLAIM PAYMENT PROVISION | | | Pg 7 |
| | | | |
| DEFINITIONS | | | Pg 8 |
| | | | |
| ELIGIBILITY | | Section “When Coverage Ends” | Pg 3 |
| | OUTLINE OF COVERAGE | Section “Eligibility For Critical Illness Insurance:” | Pg 2 |
| | APPLICATION | Applicant/Spouse Information & Health Questions | Pgs 1 and 2 |
| | | | |
| ENTIRE CONTRACT | | | Page 8 |
| | | | |
| EXCLUSIONS & LIMITATIONS | | General Exclusions | Pg 6 |
| | | Critical Illness & Diagnosis Requirements | Pg 5 - 6 |
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| GRACE PERIOD | | | Pg 7 |
| | | | |
| INCONTESTABILITY | | “Time Limit On Certain Defenses” | Pg 8 |
| | | | |
| LEGAL ACTION | | | Pg 8 |
| | | | |
| MISSTATEMENT OF AGE | | | Pg 8 |
| | | | |
| NOTICE OF CLAIM | | | Pg 7 |
| | | | |
| OUTLINE OF COVERAGE | OUTLINE OF COVERAGE | Separate Form No. – ICI-OOC-0211 | |
| | | | |
| PAYMENT OF CLAIM | | | Pg 7 |
| | | | |
| PRE-EXISTING CONDITIONS | | | N/A, no pre-existing condition clauses |
| | | | |
| PROOF OF LOSS | | | Pg 7 |
| | | | |
| REFUNDS | | Section “Premium”; sentence “Any unearned premium”... | Pg 7 |
| | | | |

| | | | |
|---------------------------|--|--|---|
| REINSTATEMENT | | Section “Guaranteed Renewable” | Cover Page |
| | | | |
| RENEWABLE | | | Pg 7 |
| | | | |
| SCHEDULE OF BENEFITS | | | Pg 3 |
| | | | |
| TERMINATION, NOTICE | | Section “When Coverage Ends” | Pg 3 |
| | | Section “Premium Provisions”, subsection “Premium” | Pg 7 |
| | | | |
| TIME OF PAYMENT OF CLAIMS | | | Pg 7 |
| | | | |
| WAITING PERIOD | | | N/A, no Waiting Period for coverage |
| | | | |

SERFF Tracking Number: MADS-127114622 State: Arkansas

Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 48424

Company Tracking Number: ICI-MNL

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: ICI

Project Name/Number: ICI/ICI-P-0211-AR

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date: | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|----------------|---------------------|--|------------------------------|---|
| 04/06/2011 | Form | Critical Illness Insurance Outline of Coverage | 04/18/2011 | ICI-OOC-0211-AR.pdf (Superseded) |
| 04/06/2011 | Form | Critical Illness Insurance Policy | 04/18/2011 | ICI-P-0211-AR.pdf (Superseded) |
| 04/06/2011 | Form | Critical Illness Insurance Child Benefit Rider | 04/18/2011 | ICI-R-CH-0211-AR.pdf (Superseded) |
| 04/06/2011 | Supporting Document | Flesch Certification | 04/18/2011 | Readability Cert 49 All Ins.pdf Certification of 23-79-138.pdf (Superseded) |

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717 • Phone: 1-800-356-9601

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE For Critical Illness Insurance Policy Form No. ICI-P-0211-AR

This Outline of Coverage provides a brief description of the important features of Our Critical Illness Insurance Policy (Policy). **This is not the contract of insurance and was only designed to outline the benefits and limitations of the actual Policy** that would be issued upon Your Application and Our approval. The Policy itself details the rights and obligations of both You and Us. Therefore, it is important that you **READ THE POLICY CAREFULLY** upon its issuance, if issued. The Policy provides a 30 day time period in which You can review and return the Policy for a refund of any premiums paid.

Critical Illness insurance is also called “**specific disease**” insurance. This type of insurance is designed to provide limited benefits. **CRITICAL ILLNESS INSURANCE IS NOT MAJOR MEDICAL INSURANCE, MEDICARE SUPPLEMENT INSURANCE OR LIFE INSURANCE.**

BENEFITS:

Critical Illness benefits are payable for first ever occurrences, Diagnoses or procedures that occur after the Insured Person's Effective Date of insurance. The occurrence, Diagnosis or procedure is the first time ever, in the Insured Person's lifetime, that he or she has experienced a covered Critical Illness, been Diagnosed with a specific, covered Critical Illness or undergone a specific procedure for a covered Critical Illness.

Reduced Cancer Benefit - If Invasive Cancer or Cancer In Situ is Diagnosed within the first 90 days beginning on the Policy's Effective Date, the Benefit Payment will be reduced as shown in the below percentages.

| CRITICAL ILLNESS DIAGNOSIS | BENEFIT PAYMENT PERCENTAGE |
|--|----------------------------|
| CATEGORY I | |
| Invasive Cancer (Diagnosed more than 90 days after the Effective Date) | 100% |
| Invasive Cancer (Diagnosed during the first 90 days of In-Force insurance) | 10% |
| Cancer In Situ (Diagnosed more than 90 days after the Effective Date) | 25% |
| Cancer In Situ (Diagnosed during the first 90 days of In-Force insurance) | 2.5% |
| CATEGORY II | |
| Heart Attack (Myocardial Infarction) | 100% |
| Stroke | 100% |
| Major Organ Failure of the heart or combination failure including heart | 100% |
| Coronary Artery Bypass | 25% |
| Angioplasty | 10% |
| CATEGORY III | |
| Major Organ Failure not covered in CATEGORY II | 100% |
| End Stage Renal Disease | 100% |
| Severe Burn (<i>for Insured and Spouse only</i>) | 100% |
| Coma | 100% |
| Paralysis | 100% |

Benefit Payment - Benefits will be paid in one lump sum.

Multiple Payment Benefit - This feature allows for Multiple Payments from the three Categories of Critical Illnesses. The Benefit Payment under each Category shall not exceed 100% of the Benefit Amount Per Category. You can receive a Benefit Payment on a second or third Critical Illness if that Critical Illness meets the terms and conditions of the Policy. After a Benefit Payment in one Category, the Insured can choose to continue paying Premiums, for an Insured Person, and possibly receive additional Benefit Payments if another Critical Illness occurs. The Maximum Benefit Amount is three times the Benefit Amount Per Category. Once 100% of the Maximum Benefit Amount has been paid for an Insured Person, insurance for the Insured Person terminates and no further benefits are payable.

ELIGIBILITY FOR CRITICAL ILLNESS INSURANCE:

- Each Applicant and Spouse (if a Spouse is applying) must complete an Application For Individual Critical Illness Insurance (subject to underwriting and approval by Us).
- Each Applicant and Spouse must be between the ages of 18 and 64 and be a permanent, legal resident of the United States.

PREMIUM, RENEWABILITY, WHEN COVERAGE ENDS:

- **Guaranteed Renewable** - This Policy is renewable as long as the Premium is paid on or before the due date or within the Grace Period.
- **Premium changes** - We may change the Premium payable for this Policy. We will provide advance notice when there is a change in Premium.
- **When Insurance Ends** - Insurance under this Policy will terminate at the earlier of: (i) the time Premium is not paid, as described in section "Premium Provisions"; (ii) for any Insured Person, upon written request by the Insured; (iii) for any Insured Person, the date he or she reaches the Maximum Benefit Amount; (iv) for any Insured Person, the date he or she is deceased; (v) for any Insured Person, the date he or she is no longer a permanent, legal resident of the United States; (vi) for the Insured, the date he or she attains age 75; and (vii) for the Spouse, the date he or she attains age 75.

GENERAL EXCLUSIONS:

This Policy does not cover any Critical Illness caused in whole or in part by, or resulting in whole or in part, from the Insured Person's:

- commission of or attempt to commit a felony.
- intentional self-inflicted injury or sickness.
- alcoholism or drug addiction.
- being intoxicated or under the influence of an illegal substance or a narcotic (unless prescribed by a Physician to the Insured Person). Intoxication is determined by the laws of the state where the incident occurred.
- attempting or committing suicide.
- illness or injury that is not specifically set forth in and covered under this Policy.

CHILD BENEFIT RIDER:

The Child Benefit Rider adds the Insured's Children to the Insured's Critical Illness Insurance Policy. A dependent Child: (i) must be between birth and age 25, (ii) must be a permanent, legal resident of the United States, and (iii) the Insured must complete, for the Child, an Application For Individual Critical Illness Insurance (subject to underwriting and approval by Us). Critical Illness Insurance under the Policy will terminate at the earlier of: (i) the date the Policy terminates; (ii) the time Premium is not paid, as described in section "Premium Provisions"; (iii) upon written request by the Insured; (iv) the date the Child reaches the Maximum Benefit Amount; (v) the date the Child attains age 25 or gets married (as described in this Rider's section "Definitions"); (vi) the date the Child is deceased; or (vii) the date the Child is no longer a permanent, legal resident of the United States. **There is NO Severe Burn insurance benefit available for Children.**

If we at Madison National Insurance Company, Inc. fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Service Division
1200 West Third Street, Little Rock, AR 72201-1904
Phone: (501) 371-2640. 1904, (800) 852-5494
Email: insurance.consumers@arkansas.gov



Re: **ARKANSAS 23-79-138**

I hereby certify that the accompanying product is in compliance with Arkansas Insurance Code 23-79-138. Our complete address and 800 phone number is shown on the cover of the each form. The Arkansas Department of Insurance information is found in the Policy, Outline of Coverage, and Rider.

Hereby certified on this 6th day of April, 2011.

By:

A handwritten signature in cursive script, reading "Sue M. Long", is positioned above a horizontal line.

Sue M. Long
Compliance Specialist
Madison National Life Insurance Company, Inc.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717 • Phone: 1-800-356-9601

CRITICAL ILLNESS INSURANCE POLICY

CRITICAL ILLNESS INSURANCE TO AGE 75

This Policy provides Critical Illness Insurance benefits and We promise to pay these benefits to You upon receipt of Proof of Claim, while this Policy is In-Force. We issued this Policy in consideration of the Application and the payment of Premiums. A copy of the Application is attached to this Policy and is made part of the Entire Contract.

GUARANTEED RENEWABLE: This Policy is renewable as long as the Premium is paid on or before the due date or within the Grace Period (see section "Premium Provisions" for details).

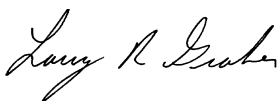
PREMIUM CHANGES: We may change the Premium payable for this Policy. We will provide advance notice when there is a change in Premium (see section "Premium Provisions" for details).

**THIS IS A LEGAL CONTRACT BETWEEN THE INSURED AND
MADISON NATIONAL LIFE INSURANCE COMPANY, INC.**

PLEASE READ YOUR POLICY CAREFULLY.

RIGHT TO EXAMINE. We want You to be satisfied with this Policy. If You decide not to keep this Policy, return it within 30 days after receipt. It may be returned by delivering or mailing it to Our Home Office, or to the agent who sold You this Policy. Once returned, this Policy will be void from its beginning. We will promptly refund any Premium paid.

Signed by Madison National Life Insurance Company, Inc.



Larry R. Graber
President



Adam C. Vandervoort
Secretary

Notice to Buyer: This is a specified disease Policy. This Policy provides limited benefits and the benefits are not intended to cover medical expenses.

**THIS IS NOT MAJOR MEDICAL OR MEDICARE SUPPLEMENT INSURANCE.
THIS IS NOT LIFE INSURANCE.
NON-PARTICIPATING**

If You have any questions, would like to obtain information or make a complaint,
You may telephone Us toll free at [1-800-356-9601].

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| When Insurance Ends | |
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| <u>Category II</u> | |
| Heart Attack, Stroke, Major Organ Failure-Heart, Coronary Artery Bypass, Angioplasty | |
| <u>Category III</u> | |
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If we at Madison National Insurance Company, Inc. fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Service Division
1200 West Third Street, Little Rock, AR 72201-1904
Phone: (501) 371-2640, 1904, (800) 852-5494
Email: insurance.consumers@arkansas.gov

Schedule Page

| CRITICAL ILLNESS INSURANCE | * BENEFIT AMOUNT PER CATEGORY | ** MAXIMUM BENEFIT AMOUNT | ANNUAL PREMIUM |
|-------------------------------|----------------------------------|------------------------------|-------------------|
| INSURED | [\$AMOUNT] | [\$AMOUNT] | [\$AMOUNT] |
| [SPOUSE | [\$AMOUNT] | [\$AMOUNT] | [\$AMOUNT]] |
| [PER CHILD | \$10,000 | \$30,000 | [\$AMOUNT]] |

* The Benefit Amount Per Category means the benefit amount for each of the three benefit Categories. See section "Benefit Payment" for a list of the benefit Categories.

** The Maximum Benefit Amount is the total sum of all three benefit Categories.

ANNUAL PREMIUM: [\$AMOUNT]

MODAL PREMIUM: [\$AMOUNT]

SEMI-ANNUAL PREMIUM: [\$AMOUNT]

POLICY FEE INCLUDED IN PREMIUM [\$AMOUNT]

QUARTERLY PREMIUM: [\$AMOUNT]

MONTHLY PREMIUM: [\$AMOUNT]

[BIWEEKLY PREMIUM: [\$AMOUNT]]

INSURED: [NAME]

POLICY NUMBER: [NUMBER]

DATE OF ISSUE: [DATE]

INSURED SEX: [MALE/FEMALE]

SPOUSE SEX: [MALE/FEMALE]

INSURED AGE AT ISSUE: [AGE]

SPOUSE AGE AT ISSUE: [AGE]

INSURED PREMIUM CLASS: [TOBACCO/NON]

SPOUSE PREMIUM CLASS: [TOBACCO/NON]

Effective Date - This Policy's Effective Date is the Date of Issue shown above. This Policy became effective at 12:00 AM Standard Time where the Insured Person lived on the Date of Issue. If this Policy lapses and is reinstated, the Effective Date is as described in the Reinstatement provision. With regard to applying for insurance for new dependents, please see "Dependent Coverage" under section "General Provisions".

When Insurance Ends - Insurance under this Policy will terminate at the earlier of: (i) the time Premium is not paid, as described in section “Premium Provisions”; (ii) for any Insured Person, upon written request by the Insured; (iii) for any Insured Person, the date he or she reaches the Maximum Benefit Amount; (iv) for any Insured Person, the date he or she is deceased; (v) for any Insured Person, the date he or she is no longer a permanent, legal resident of the United States; (vi) for the Insured, the date he or she attains age 75; and (vii) for the Spouse, the date he or she attains age 75. This Policy will terminate at 11:59 PM Standard Time where the Insured Person lives on the date provided for termination.

Benefit Payment

| CRITICAL ILLNESS DIAGNOSIS | BENEFIT PAYMENT PERCENTAGE |
|--|----------------------------|
| CATEGORY I | |
| Invasive Cancer (Diagnosed more than 90 days after the Effective Date) | 100% |
| Invasive Cancer (Diagnosed during the first 90 days of In-Force insurance) | 10% |
| Cancer In Situ (Diagnosed more than 90 days after the Effective Date) | 25% |
| Cancer In Situ (Diagnosed during the first 90 days of In-Force insurance) | 2.5% |
| CATEGORY II | |
| Heart Attack (Myocardial Infarction) | 100% |
| Stroke | 100% |
| Major Organ Failure of the heart or combination failure including heart | 100% |
| Coronary Artery Bypass | 25% |
| Angioplasty | 10% |
| CATEGORY III | |
| Major Organ Failure not covered in CATEGORY II | 100% |
| End Stage Renal Disease | 100% |
| Severe Burn | 100% |
| Coma | 100% |
| Paralysis | 100% |

Critical Illness benefits are payable for first ever occurrences, Diagnoses or procedures that occur after the Insured Person’s Effective Date of insurance. The occurrence, Diagnosis or procedure is the first time ever, in the Insured Person’s lifetime, that he or she has experienced a covered Critical Illness, been Diagnosed with a specific, covered Critical Illness or undergone a specific procedure for a covered Critical Illness.

Reduced Cancer Benefit - If Invasive Cancer or Cancer In Situ is Diagnosed within the first 90 days beginning on the Policy’s Effective Date, the Benefit Payment will be reduced as shown in the above percentages.

Multiple Payment Benefit - This feature allows for Multiple Payments from the three Categories of Critical Illnesses. The Benefit Payment under each Category shall not exceed 100% of the Benefit Amount Per Category. You can receive a Benefit Payment on a second or third Critical Illness if that Critical Illness meets the terms and conditions of the Policy. After a Benefit Amount is paid for one Category, the Insured can choose to continue paying Premiums, for an Insured Person, and possibly receive additional Benefit Payments if another Critical Illness occurs. The Maximum Benefit Amount is three times the Benefit Amount Per Category (as shown on the “Schedule Page). Once 100% of the Maximum Benefit Amount has been paid for an Insured Person, insurance for the Insured Person terminates and no further benefits are payable.

- There is only one Benefit Payment for each Critical Illness. There is only one Benefit Payment per 180-day period across the three Categories. However, the 180-day period does not apply to Benefit Payments within the same Category.
- If a First-Ever Diagnosis occurs within the 180-day period after a Benefit Payment, no Benefit Payment will be payable. However, a subsequent occurrence and Diagnosis of that Critical Illness, after the 180-day period, will be considered a “First-Ever Diagnosis” and will be payable.
- If more than one Critical Illness is diagnosed at the same time, the Benefit Payment shall be based on the larger Benefit Amount of the Critical Illnesses diagnosed. If the Benefit Amounts are the same, there will only be one Benefit Payment per 180-day period.

Critical Illness & Diagnosis Requirements

We reserve the right to have any Critical Illness Diagnosis reviewed by a Physician of Our choosing. In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, We shall have the right to request an examination of either the Insured Person, or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert selected by Us in the applicable field of medicine.

Conditions - Benefit Payments upon a first Diagnosis of the Critical Illnesses listed below are subject to the following: (1) the Diagnosis is made within the United States; (2) the Diagnosis is made while the Insured Person's insurance is In-Force under this Policy; and (3) payment must not be precluded by any general or specific Exclusion or provision set forth under this Policy or any failure to meet any condition precedent set out below.

CATEGORY I

Invasive Cancer is a malignant neoplasm which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Leukemias and lymphomas are included. Invasive Cancer must be positively Diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology, upon the basis of a microscopic examination of fixed tissues, or preparations from the hematopoietic and lymphatic systems. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic structure or pattern of the suspected tumor, tissue and/or specimen. Clinical Diagnosis alone does not meet this standard, unless the following conditions are met: (1) a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening; (2) there is medical evidence to support the Diagnosis; and (3) a Physician is treating the Insured Person for Invasive Cancer and/or Cancer In Situ.

- For the purposes of this Policy, Invasive Cancer excludes pre-malignant lesions (such as intraepithelial neoplasia); benign tumors or polyps; early prostate cancer diagnosed as Stage 1 or equivalent staging; Cancer in Situ; or any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Cancer in Situ is cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue (the cancer has not spread). Diagnosis includes early prostate cancer diagnosed as Stage 1 or equivalent staging; and melanoma not invading the dermis. Cancer In Situ must be Diagnosed pursuant to a Pathological or clinical Diagnosis.

- For the purposes of this Policy, Cancer in Situ excludes other skin malignancies; pre-malignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps.

CATEGORY II

Heart Attack is an acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries, and which results in the loss of the normal function of the heart. The Diagnosis of Heart Attack must be made by a Physician board-certified as a Cardiologist and based on both new clinical presentation and electrocardiographic changes consistent with an evolving Heart Attack, and serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.

- For the purposes of this Policy, Heart Attack excludes established (old) myocardial infarctions.

Stroke is a cerebrovascular incident caused by infarction of brain tissue, cerebral or subarachnoid hemorrhage, cerebral embolism or cerebral thrombosis, persisting for at least 96 hours following the occurrence of the Stroke. The Diagnosis of Stroke must be made by a Physician board-certified as a Neurologist and must be based on documented neurological deficits and confirmatory neuroimaging studies.

- For the purposes of this Policy, Stroke does not include transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

Major Organ Failure means clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Insured to be replaced with an organ(s) or tissue from a suitable human donor (excluding an Insured Person) under generally accepted medical procedures. The organ(s) and tissues covered under this Category are the entire heart or a combination failure including the heart. In order for the Major Organ Transplant to be covered under this Policy, the Insured Person must be registered by the United Network of Organ Sharing or the National Marrow Donor Program.

Coronary Artery Bypass Surgery means the undergoing of heart surgery using a non-coronary blood vessel(s) (either artery or vein) to surgically bypass obstructions in a native coronary artery(ies). Surgery must be performed by a Physician board-certified as a cardiothoracic surgeon. Diagnosis requiring surgery must be based on evidence of the underlying disease.

- For the purposes of this Policy, other surgical or non-surgical techniques are excluded.

Angioplasty is the actual undergoing of a percutaneous (through the skin) coronary intervention deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. A Physician board-certified as a Cardiologist must perform the Procedure.

- For the purposes of this Policy, other surgical or non-surgical techniques are excluded from insurance coverage.

CATEGORY III

Major Organ Failure means clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Insured to be replaced with an organ(s) or tissue from a suitable human donor (excluding an Insured Person) under generally accepted medical procedures. The organs and tissues covered under this Policy are: liver, kidney, small intestine, pancreas, pancreas-kidney, bone marrow, or lung. In order for the Major Organ Transplant to be covered under this Policy, the Insured Person must be registered by the United Network of Organ Sharing or the National Marrow Donor Program.

End-Stage Renal Disease is the chronic and irreversible failure of both kidneys which requires periodic and ongoing dialysis. The Diagnosis of End Stage Renal Disease must be made by a Physician board-certified in Nephrology.

Severe Burn is a cosmetic disfigurement on the surface of a body area due to an injury that is a full-thickness or third-degree burn covering 20% or more of the body. A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to things such as, but not limited to: fire, heat, caustics, electricity or radiation. The Diagnosis of a severe burn must be made by a Physician specializing in severe burns or plastic surgery.

Coma is a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by external stimulation, lasting for a continuous period of at least 96 hours. The Diagnosis must indicate that permanent neurological deficit is present and is expected to last for a continuous 12-month period or longer from the date of the Diagnosis. The Diagnosis of Coma must be made by a Physician board-certified as a Neurologist. (Coma as a result of a Stroke is excluded. Stroke is covered under a separate benefit.)

Paralysis is the complete and permanent loss of use of two or more limbs, through neurological injury, for a continuous period of at least 180 days. The Diagnosis of Paralysis must include documented evidence of the injury that caused the Paralysis and must be confirmed by a Physician board-certified as a Neurologist.

- For the purposes of this Policy, neurological injury does not include Stroke.

General Exclusions

This Policy does not cover any Critical Illness caused in whole or in part by, or resulting in whole or in part, from the Insured Person's:

- commission of or attempt to commit a felony.
- intentional self-inflicted injury or sickness.
- alcoholism or drug addiction.
- being intoxicated or under the influence of an illegal substance or a narcotic (unless prescribed by a Physician to the Insured Person). Intoxication is determined by the laws of the state where the incident occurred.
- attempting or committing suicide.
- illness or injury that is not specifically set forth in and covered under this Policy.

Claim Provisions

Notice of Claim - Written notice of claim must be given to Us or Our authorized representative within 60 days after a Critical Illness is determined. Notice should include information sufficient to identify the Insured Person.

Claim Form - Upon receipt of written Notice of Claim, We will send a Claim Form for filing Proofs of Claim. If You do not receive such forms within 15 days you can send us, without the Claim Form, the written proof covering the occurrence, the character, and the extent of the Critical Illness for which claim is made.

Proof of Claim - Must be given to Us not later than 90 days after a Critical Illness is determined. Failure to furnish Proof within 90 days shall not invalidate nor reduce any claim if it was not reasonably possible to give Proof within 90 days, provided such Proof is furnished as soon as reasonably possible and in no event, not later than one year from the time Proof is required.

Payment of Claims - Upon receipt of proper Proof of Claim, benefits will be paid within 30 days. If any claims payment interest accrues, interest will be paid in the amount determined by the state governing this Policy. Benefits will be paid in one lump sum. If the event the Insured Person dies, any Benefit Payment that remains unpaid will be paid to the Insured Person's estate.

Review Procedure - If all or part of a claim is denied, you may request a review in writing and send your request to Us within 120 days after You receive notice of the denial. You may send us written comments or other items to support the claim. We will review the claim promptly after We receive the request. We will send You a notice of our decision within 45 days after We receive the request, unless special circumstances require an extension. If We determine that an extension in our review time is required, written notice of the extension will be furnished to You prior to the expiration of the initial 45 day period. In no event will such extension exceed a period of 60 days from the end of the initial period.

Premium Provisions

Premium - The amount We charge for Critical Illness Insurance under this Policy. To keep this Policy In Force, You must pay the Premiums when they are due. Premiums are payable to Us at Our Home Office and are payable in advance after the first Premium. The initial Premium rates in effect on the Effective Date, and any renewal Premiums thereafter, are those determined by Us. Any Premium changes will be applied only when the same change is made for all Policies and premium classes in the Insured's state. We will provide 60 days advance notice when there is a change in Premium. Any unearned Premium we receive will be returned to the Insured or Insured's estate. At Your request, and upon payment of the Premium, We will deliver to You a receipt signed by an officer of Our company. You can

save money if You pay your Premium annually because there is a greater cost if You pay Premiums on a more frequent basis.

Grace Period - If a premium, other than the first, is not paid on its due date, Your Policy will remain In Force for a period of 31 days from the premium due date. This Policy stays In-Force during this Grace Period and Premium is required for coverage during the Grace Period. At the time of claim payment for a claim incurred during the Grace Period, any premium then due and unpaid will be deducted by Us from the claim payment.

Reinstatement - You may request to reinstate Your Policy if Your insurance under this Policy lapses because a Grace Period ended without sufficient Premium payments. Any Reinstatement must be done within 30 days from the end of the Grace Period. For Us to consider Reinstatement, We will require Your written request to Reinstatement insurance under this Policy and evidence of insurability satisfactory to Us. If all the conditions for Reinstatement are satisfied, Your insurance under this Policy will be in effect as though it had continued In-Force from the lapse date to the date of Reinstatement.

General Provisions

Assignment - An Insured Person may not assign any of his or her rights, privileges or benefits under this Policy.

Clerical Error - Clerical error, whether by the Insured or Us, will not void the insurance of any Insured Person if that insurance would otherwise have been In-Force, nor will it extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Conformity with State Laws - This Policy is subject to the laws issued by the insurance regulator for the state governing the Entire Contract. If part of this Policy does not follow that law, it will be treated as if it does.

Dependent Coverage - If after the Insured's initial Application and Policy issuance, he or she wants to add a Spouse or Child, the Spouse or Child would need to complete an Application for Critical Illness Insurance which must be submitted to, and approved by, Us. "Spouse" is defined in the "General Provisions" section and "Child" is defined in the Child Benefit Rider that would be issued when a Child is covered under this Policy. The Insured should contact the agent or Us for additional information and application materials.

Entire Contract - The entire agreement between the Insured and Us consists of this Policy, the attached Application, attached riders or endorsements, if any, and any declaration of insurability, if applicable. No agent or other person, except an officer of Our company, has the authority to make or modify this Policy or waive any of Our rights or requirements.

Incontestability (Time Limit on Certain Defenses) - All statements made in the Application are representations and not warranties. We cannot contest this Policy, except for non-payment of Premium, after it has been In-Force for 2 years from the Effective Date or Reinstatement. No claim incurred after 2 years from the Date of Issue shall be reduced or denied on the ground that a Critical Illness, not excluded from coverage by name or specific description effective on the date the claim was incurred, had existed prior to the Insured Person's Effective Date. No statement shall be used to contest this Policy, the validity of insurance coverage or reduce benefits, unless it is in writing signed by the Insured, and a copy of such statement is furnished to the Insured.

Legal Actions - A Legal Action may not be brought to recover on this Policy within 60 days after written Proof of Claim has been given as required. No such action may be brought after 3 years from the time written proof was required to be given.

Misstatement of Age or Sex - If the age or sex of an Insured Person is misstated in the Application, We will adjust any proceeds payable to the benefit amount the Premium paid would have purchased if the age or sex had been correctly stated.

Misstatement of Tobacco Use - If an Insured Person's use of tobacco has been misstated, We will make an equitable adjustment of Premiums, benefits or both. The adjustment will be based on: (1) the amount of insurance based on the correct tobacco use status; and (2) the difference between the Premiums paid and the Premiums which would have been paid if the tobacco use status had been correctly stated.

Non-Participating - This Policy is Non-Participating. It does not share in Our earnings.

Physical Examination - We, at Our own expense, shall have the right and opportunity to examine the Insured Person as reasonably required while a claim is pending.

Workers' Compensation - This Policy is not in lieu of, and does not affect any requirements for coverage by, any Workers' Compensation Act or similar law.

Definitions

Critical Illness - Any of the Critical Illnesses specifically listed in section "Benefit Payment" and as defined in section "Critical Illness & Diagnosis Requirements".

Diagnosed/Diagnosis - A definitive diagnosis made by a Physician, licensed and practicing in the United States and, where applicable, specializing in a particular area of medicine: (1) based upon the use of clinical and/or laboratory investigations as supported by the Insured Person's medical records; and (2) meeting any Diagnosis requirements set forth in this Policy for the particular Critical Illness being Diagnosed.

- **Pathological Diagnosis** - Diagnosis of Invasive Cancer or Cancer In Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Physician board certified as a pathologist and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

In-Force - This Policy is In-Force if Premiums are paid when due or within the Grace Period.

Insured - The Insured is the policyholder to whom this Policy was issued.

Insured Person(s) - Any Insured or Spouse that is covered under this Policy.

Physician - A qualified medical professional who is licensed under the laws of the United States to Diagnose and treat physical or mental impairment(s). The Physician's scope of license must include the ability to Diagnose the Critical Illness being Diagnosed and be a board certified specialist where required under this Policy. The Diagnosing Physician can not be a family member: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or son or daughter.

Spouse - A person to whom the Insured is legally married to and from whom the Insured is not legally separated.

United States - The United States of America and its territories.

We, Us, Our - The insurance company.

You or Your - Insured Person(s).

CRITICAL ILLNESS INSURANCE TO AGE 75

**THIS IS NOT MAJOR MEDICAL OR MEDICARE SUPPLEMENT INSURANCE.
THIS IS NOT LIFE INSURANCE.
NON-PARTICIPATING**

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717 • Phone: 1-800-356-9601

**CHILD BENEFIT RIDER
CRITICAL ILLNESS INSURANCE**

This is an Insured's Child Benefit Rider (hereafter referred to as "Rider") which adds the Insured's Children to the Insured's Critical Illness Insurance Policy (hereafter referred to as "Policy").

This Rider, including the Policy and any other attached papers, constitutes the Entire Contract of insurance. No change in this Rider shall be valid until approved by an executive officer of Our Company. No agent has authority to change this Rider or waive any of its provisions.

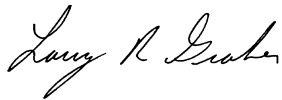
Provisions under this Rider are subject to all definitions, terms and conditions, limitations and exclusions of the Entire Contract, unless otherwise stated herein. Please refer to the Policy.

**The Critical Illness Maximum Benefit Amount is \$30,000 per Child,
(Benefit Amount Per Category is \$10,000).**

Premium: The Premium for this Rider is described in the Policy's Schedule Page.

When Insurance Ends – Critical Illness Insurance under the Policy will terminate at the earlier of: (i) the date the Policy terminates; (ii) the time Premium is not paid, as described in section "Premium Provisions"; (iii) upon written request by the Insured; (iv) the date the Child reaches the Maximum Benefit Amount; (v) the date the Child attains age 25 or gets married (as described in this Rider's section "Definitions"); (vi) the date the Child is deceased; or (vii) the date the Child is no longer a permanent, legal resident of the United States.

Signed by Madison National Life Insurance Company, Inc.



Larry R. Graber
President



Adam C. Vandervoort
Secretary

The Policy is a specified disease Policy, it provides limited benefits, and the benefits are not intended to cover medical expenses.

**THIS IS NOT MAJOR MEDICAL INSURANCE.
THIS IS NOT LIFE INSURANCE.**

This Rider provides Critical Illness Benefits for covered Children payable upon a Critical Illness. We promise to pay the Critical Illness Benefits upon receipt of Proof of Claim, while this Policy is In-Force.

Definition:

Child - The Insured's Child(ren) to age 25. The term "Child" refers to the Insured's natural child, step child, legal ward and adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency make the placement (legal proof of guardianship or placement will be required). Critical Illness Insurance will end when the Child reaches age 25 or the child gets married (or as described in "When Coverage Ends").

If, on the date the Child's insurance would end because of reaching age 25 or marriage, the Child is not capable of self-sustaining employment because of mental retardation or physical handicap, and is chiefly dependent on the Insured for support and maintenance, We will continue insurance on the Child. Insurance will continue as long as this Policy remains In-Force and the incapacity continues (legal proof of incapacitation will be required). The adult Premium for the age and gender of the Child must be paid. Prior to the date the insurance for the Child is to end, We may ask whether or not he or she is incapacitated. Unless satisfactory proof of such incapacity is sent to Us within 60 days of Our inquiry, We may terminate the Child's insurance.

If, while the Policy is In-Force, a Child becomes eligible for coverage under the Policy (*for example, a newborn Child or a Child placed for adoption*), the Insured must complete an Application to add the Child. The Insured must send the Application to Us for underwriting and approval.

Exclusion:

Severe Burns: In addition to the limitations and Exclusions provided for in the Policy, the Policy does not provide Children any Critical Illness Benefits for Severe Burns.

If we at Madison National Insurance Company, Inc. fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Service Division
1200 West Third Street, Little Rock, AR 72201-1904
Phone: (501) 371-2640. 1904, (800) 852-5494
Email: insurance.consumers@arkansas.gov